EXHIBIT 98

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1
       IN THE UNITED STATES DISTRICT COURT
2
        FOR THE EASTERN DISTRICT OF OHIO
3
                EASTERN DIVISION
5
    IN RE: NATIONAL : MDL NO. 2804
    PRESCRIPTION OPIATE :
6
    LITIGATION
7
                         : CASE NO.
    THIS DOCUMENT : 1:17-MD-2804
8
    RELATES TO ALL CASES:
                         : Hon. Dan A.
9
                         : Polster
10
            Tuesday, January 8, 2019
11
    HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
12
             CONFIDENTIALITY REVIEW
13
14
                 Videotaped deposition of
    DEBORAH BEARER, taken pursuant to notice,
15
    was held at the offices of Golkow
    Litigation Services, One Liberty Place,
16
    1650 Market Street, Suite 5150,
17
    Philadelphia, Pennsylvania 19103,
    beginning at 9:30 a.m., on the above
18
    date, before Amanda Dee Maslynsky-Miller,
    a Certified Realtime Reporter.
19
20
21
2.2
23
            GOLKOW LITIGATION SERVICES
        877.370.3377 ph | 917.591.5672 fax
24
                deps@golkow.com
```

11 223 Rosa L. Parks Avenue Suite 200 12 Nashville, Tennessee 37203 (877) 369-0267 13 Beng@bsjfirm.com Representing the Staubus Plaintiffs 14 15 16 MORGAN, LEWIS & BOCKIUS LLP BY: REBECCA J. HILLYER, ESQUIRE 17 1701 Market Street Philadelphia, Pennsylvania 19103 18 (215) 963-4824 Rebecca.hillyer@morganlewis.com 19 Representing the Defendant, Teva Corporation 20 21 22 23	Page 4 APPEARANCES: (Continued) VIA TELEPHONE/LIVESTREAM: ALLEGAERT BERGER & VOGEL, LLP BY: LOUIS A. CRACO, JR., ESQUIRE BY: LUCY N. ONYEFORO, ESQUIRE 111 Broadway 20th Floor New York, New York 10006 (212) 571-0550 Lcraco@abv.com Lonyeforo@abv.com Representing Rochester Drug Cooperative JACKSON KELLY PLLC BY: JON L. ANDERSON, ESQUIRE 500 Lee Street East Suite 1600 Charleston, West Virginia 25301 (304) 340-1288 Representing the Defendant, AmerisourceBergen ALSO PRESENT: David Lane, Videographer
10 JONES DAY BY: SHUBHA M. HARRIS, ESQUIRE 11 90 South Seventh Street Suite 4950 12 Minneapolis, MN 55402 (612) 217-8800 13 Shubhaharris@jonesday.com Representing the Defendant, 14 Walmart 15 16 17 ARNOLD & PORTER KAYE SCHOLER LLP BY: TIFFANY M. IKEDA, ESQUIRE 18 44th Floor 777 South Figueroa Street 19 Los Angeles, California 90017 (213) 243-4000 20 Tiffany.ikeda@arnoldporter.com Representing the Defendant, 21 Endo Pharmaceuticals, Endo Health, and Par Pharmaceuticals	Page 5 1

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2 3	EXHIBITS	2	DEPOSITION SUPPORT INDEX
4	NO. DESCRIPTION PAGE	3	
5	Teva-Bearer Exhibit-9 TEVA_MDL_A_04426360-362 122	4	
6		5	Direction to Witness Not to Answer
7	Teva-Bearer Exhibit-10 TEVA_MDL_A_10105779-782 137		Page Line Page Line Page Line
8	Teva-Bearer	1	None
9	Exhibit-11 TEVA_CHI_00036903-930 140	8	Trone
	Teva-Bearer	9	
10	Exhibit-12 TEVA_CHI_00036931-955 153 Teva-Bearer	10	Product for Production of Documents
	Exhibit-13 TEVA_MDL_A_03272381-391 170		Request for Production of Documents
12			Page Line Page Line
13	Teva-Bearer Exhibit-14 TEVA_MDL_A_04481825 191	13	None
14	Teva-Bearer		
15	Exhibit-15 TEVA_MDL_A_09457158-159 206	14	
1,	Teva-Bearer		Stipulations
17	Exhibit-16 TEVA_MDL09451760 219 Teva-Bearer	1	Page Line Page Line
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18	Teva-Bearer	18	
19	Exhibit-18 TEVA MDL A 04848188-191 231	19	
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22	Teva-Bearer Exhibit-20 TEVA_MDL_A_09191592-593,	22	None
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1 2		2	(It is hereby stipulated and
	Page / EXHIBITS	2 3	(It is hereby stipulated and agreed by and among counsel that
2		2 3 4	(It is hereby stipulated and agreed by and among counsel that sealing, filing and certification
2	EXHIBITS	2 3 4 5	(It is hereby stipulated and agreed by and among counsel that sealing, filing and certification are waived; and that all
2		2 3 4 5 6	(It is hereby stipulated and agreed by and among counsel that sealing, filing and certification are waived; and that all objections, except as to the form
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2 3 4 5	E X H I B I T S NO. DESCRIPTION PAGE Teva-Bearer Exhibit-21 TEVA_MDL_A_09165564-565,	2 3 4 5 6 7 8	(It is hereby stipulated and agreed by and among counsel that sealing, filing and certification are waived; and that all objections, except as to the form
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Page 10	Page 12
Page 10	Page 12
witness.	¹ clean record is for me to ask a question,
	² full stop, and then you give your answer,
DEBORAH BEARER, after having	³ rather than speak over each other.
been duly sworn, was examined and	4 A. Right.
5 testified as follows:	Q. Do you understand that?
	6 A. I do.
VIDEO TECHNICIAN: Please	Q. And so if any of us start to
8 begin.	8 do that, I may do it as well, somebody
9	⁹ will jump in and let us know. We're not
EXAMINATION	trying to be rude, you know, we just want
11	to make sure we get a clean record.
12 BY MS. RUANE:	Is that fair?
Q. Can you state your name for	A. That's fair.
the record, please?	Q. Likewise, you understand
A. Deborah Bearer.	you're under oath today, just like if you
Q. Ms. Bearer, my name is Sarah	were before a judge and a jury in a
Ruane. We met briefly before the	courtroom?
deposition. I'm here representing the	A. Yes.
plaintiffs.	Q. And that your testimony can
And we talked about the fact	be used and played in court?
that you actually have laryngitis right	A. Correct, I understand.
now; is that correct?	Q. And along those lines, my
A. Correct.	goal here today is to make sure I leave
Q. So I apologize in advance.	²⁴ understanding what you know and what you
D 11	
Page 11	Page 13
¹ You've been kind enough to still agree to	Page 13 1 remember.
¹ You've been kind enough to still agree to	¹ remember.
 You've been kind enough to still agree to move forward with the deposition right 	 remember. So I'm going to try to ask
 You've been kind enough to still agree to move forward with the deposition right now. I feel like asking you questions 	 remember. So I'm going to try to ask good questions, but at some point I will
 You've been kind enough to still agree to move forward with the deposition right now. I feel like asking you questions it sounds like it's painful. 	 remember. So I'm going to try to ask good questions, but at some point I will likely ask something that doesn't make
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	Page 14		Page 16
	let me ask you, what is your current	1	A. Right.
	address?	2	Q to seek that information.
3	A. 27 Post Road, Newtown	3	But let me ask you this:
4	Square, Pennsylvania 19073.	4	Prior to meeting with Ms. Hillyer, did
5	Q. And where is Newtown Square?	5	you do anything to refresh your memory
6	A. Pennsylvania.	6	about the events in question?
7	Q. About how far away we're	7	A. No.
8	m i madelpina, rigin .	8	Q. When you met with Ms.
9	A. Sorry, sorry.	1	Hillyer yesterday, how long did you all
10	It is it's a 40-minute	10	meet?
	drive. I will say that it's probably 20	11	A. I'll say eight hours.
12	miles.	12	Q. And was there anyone else
13	Q. And are you here pursuant to	13	present?
14	that Exhibit-1 notice to take your	14	A. Yes.
15	deposition?	15	Q. Were they all attorneys?
16	A. Yes.	16	A. Yes.
17	Q. Are you represented by	17	Q. Okay. All attorneys with
18		18	Ms. Hillyer's office?
19	A. Yes.	19	A. Yes.
20	Q. I think Ms. Hillyer is here	20	Q. Got it.
21	- · · · · · · · · · · · · · · · · · · ·	21	During that meeting, did you
22	· ·	22	review documents?
23	Q. And the attorney for Teva?	23	A. Yes.
24	•	24	Q. What types of documents do
	Page 15		Page 17
1	_	1	you recall reviewing?
	Q. Do you currently work for Teva?	2	A. Primarily e-mails and some
3	A. Yes.		presentations.
4		4	Q. Did you were you provided
5	Q. And what did you do to prepare for your deposition today?		a copy or a set of those to take home and
6	A. I met with my counsel		review?
7	<u> </u>	7	A. No.
8	yesterday. Since I had not been deposed prior, it was just to give me some	8	
9	-		Q. And what was, just kind of
10	expectations		une estimates runge er time time timese
11	MS. HILLYER: Just make sure	11	e-mails and presentations encompassed?
12	that you don't disclose anything	12	A. If I I'm not quite sure,
13	that we discussed.	13	but I would have to say probably 2003 to 2014, '15, possibly.
14	THE WITHESS. 100, no.	14	
15	sust expectations for the		Q. So it's fair to say that
	day. BY MS. RUANE:		within the documents you reviewed
116	DI IVIO. NUAINE.	17	yesterday, you saw documents referring to
	O Cot it		Actiq and Fentora and likely Vantrela as
17	Q. Got it.		rvo119
17 18	And that's a good point that	18	well?
17 18 19	And that's a good point that Ms. Hillyer made. I don't intend to ask	18 19	A. Yes.
17 18 19 20	And that's a good point that Ms. Hillyer made. I don't intend to ask you anything about what the two of you	18 19 20	A. Yes.Q. Did you review any
17 18 19 20 21	And that's a good point that Ms. Hillyer made. I don't intend to ask you anything about what the two of you discussed.	18 19 20 21	A. Yes. Q. Did you review any deposition testimony?
17 18 19 20 21 22	And that's a good point that Ms. Hillyer made. I don't intend to ask you anything about what the two of you discussed. So if you interpret my	18 19 20 21 22	A. Yes. Q. Did you review any deposition testimony? A. No.
17 18 19 20 21 22 23	And that's a good point that Ms. Hillyer made. I don't intend to ask you anything about what the two of you discussed.	18 19 20 21 22 23	A. Yes. Q. Did you review any deposition testimony?

Page 18	Page 20
¹ A. No.	¹ was produced to us in the litigation. If
² Q. Okay. Have you spoken with	² you'll turn to Page 2 on it, you'll see,
³ anyone at Teva about the testimony	³ is that a picture of you and some
⁴ they've given or the	⁴ description?
⁵ A. No.	⁵ A. Yes, it is.
⁶ Q. Have you spoken with anybody	⁶ Q. My first question for you,
⁷ outside of Teva about depositions that	⁷ there's a career overview there. And I
⁸ have occurred in this case, that aren't	8 just want to make sure that, to you, that
⁹ attorneys?	⁹ looks accurate as far as your time at
¹⁰ A. No.	¹⁰ different companies.
Q. Okay. Let's back up a	11 A. Yes.
¹² little bit. I just want to make sure,	Q. Where it says, National
¹³ since you and I are meeting for the first	¹³ account manager, was that were you
14 time, that I have a good understanding of	serving as national account manager at
¹⁵ your background.	that point for Cephalon?
So I'm going to mark as	A. Yes.
¹⁷ Exhibit-2 a document. This one is really	Q. And when did Cephalon become
¹⁸ just	18 Teva?
MS. RUANE: For the record,	A. I believe it was six years
it's TEVA_MDL_A_09144727.	²⁰ ago, seven.
21	Q. So it's fair to say that
(Whereupon, Teva-Bearer	²² your time, as well, as the director of
Exhibit-2, TEVA_MDL_A_09144727,	²³ healthcare systems management, was with
was marked for identification.)	24 Cephalon?
	-
Dog 10	Page 21
Page 19	Page 21
1	¹ A. Correct.
¹ ² BY MS. RUANE:	A. Correct. Q. And then you took over as
¹ ² BY MS. RUANE: ³ Q. And I'll tell you, it's	 A. Correct. Q. And then you took over as the director of healthcare systems
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2 BY MS. RUANE: 3 Q. And I'll tell you, it's 4 titled, Talent Management Biography. 5 It's a document that was in the 6 production set that I thought may help us 7 kind of more efficiently go through your 8 time with Teva and, I guess, potentially 9 with Cephalon as well. 10 MS. RUANE: You know what, 11 I'm sorry, I gave you the wrong 12 copy, that's my fault. I should 13 have pulled that one out first. 14 Becca, would you mind 15 putting the sticker on that? 16 Thank you. 17 MS. HILLYER: I wrote 2 on 18 that, but I can cover it up. 19 MS. RUANE: Eventually I'll 20 get my system figured out. 21 MS. HILLYER: It says 2 I 22 mean, I'm sure this will come off.	1 A. Correct. 2 Q. And then you took over as 3 the director of healthcare systems 4 marketing when it was Cephalon and 5 maintained that title after the company 6 became Teva? 7 A. Yes. 8 Q. Okay. Backing up a little 9 bit, what's your educational background? 10 A. Bachelor of Science degree. 11 Q. A Bachelor of Science? 12 A. In business management. 13 Q. Bachelor of Science in 14 business management. 15 And then did you start right 16 away, after graduation, as a sales rep in 17 1983? 18 A. No. I had a brief time 19 working in retail, commission sales. 20 Q. Were those pharmaceutical 21 retail? 22 A. No, no.

Page 22 ¹ strike that. Q. And managed care -- well, ² strike that. Let me ask you, when was ³ your first time working in Let me ask this: Can you pharmaceuticals? ⁴ describe for the jury what managed care 5 ⁵ is? A. 1983. 6 O. Got it. A. So the words are 7 ⁷ interchangeable between market access and And during your time as a managed care, because there's been an sales rep there, what were you doing? What were you selling? evolution over time as to what that A. I was -- we had -- oh, gosh, 10 actually is. 11 I'm trying to remember how many products, 11 But, basically, what it a broad spectrum of antibiotics, prenatal involves is insurance companies taking ¹³ vitamins, generics. ¹³ ownership and responsibility or financial risk on behalf of the patient or the 14 It was -- back in those employee for the employer. ¹⁵ days, we carried quite a few products in ¹⁶ the bag, if you will. So, for example, Aetna 17 gathers its medical benefits, pharmacy Q. Did you sell any opioids at benefits, so there are probably over 100 that time? managed care organizations in the U.S. 19 A. No. This continues to evolve over time. 20 Q. And was it at -- I apologize ²¹ if I'm mispronouncing it, is it During that time, they make ²² Sanofi-Aventis, was that the first time ²² formulary decisions around the access for pharmaceuticals that an employee may ²³ that you had a role in the managed care ²⁴ have. So if a physician prescribes a ²⁴ department? Page 23 Page 25 A. No. I'm sorry, wait a ¹ medication that's not available, say, ² through Aetna as your pharmacy, then ² minute. Actually, this is not ³ oftentimes it will be denied and other ⁴ completely correct. At Dupont, when I products will be recommended. ⁵ went to Dupont, so I went from Lederle to That's just a very ⁶ Dupont. Being that this is an internal simplified version. ⁷ document, this was sort of just --Q. That's helpful. And I Q. Yeah. No worries. 8 appreciate it. 9 A. -- a brief abbreviation. So during your time -- well, 10 So I went to Dupont after let me ask this first. ¹¹ Lederle, and I was a rep. And then while When you moved over to 12 I was at Dupont, I did about a year of Cephalon --¹³ managed care market access. Dupont --13 A. Yes. 14 yes, at Dupont. 14 Q. -- as a national account 15 15 manager --Q. And it looks like, to me, ¹⁶ you've stayed in the managed care arena 16 A. Yes. ¹⁷ throughout the rest of your career? 17 Q. -- was that still in the 18 A. Yes, that's correct. Since managed care arena? 19 about 1999 at some point I had a touch 19 A. That is national -- so point with managed care. national account managers are regional 21 Q. So it's fair to say from account managers for pharmaceuticals with ²² 1999 to today, your primary focus of reference to the CLI, calling on managed ²³ employment is managed care? ²³ care organizations, either PBMs, pharmacy ²⁴ benefit managers, or managed care HMOs, 24 A. Correct.

Page 26 ¹ things of that nature. Not unlike a In 2005, you moved over and ² sales rep would call on a physician. ² became the director of healthcare systems So it's basically a selling, ³ management? ⁴ promoting -- it's a promotional activity. A. Yes. ⁵ It falls under commercial. O. And so -- and was that a Q. Got it. Okay. supervisory role over national account 7 And so at the time that you managers? 8 moved over to Cephalon in 2003, you were A. No, no. That was moving doing promotion to managed care entities? into a home office type of position 10 working with the brand teams, not just A. Correct. 11 11 for this product but others as well, on Q. And in -- am I right that in ¹² the strategy and some of the tactics for ¹² 2003, then, one of the drugs that you ¹³ would have been promoting to managed care ¹³ each of the products as related to facilities would have been Actiq? reimbursement. 15 A. Correct. Q. Got it. So let me try to 16 ¹⁶ ask a better question, then. Q. And, of course, over time is 17 it -- am I right that it's the kind of 17 A. Okay. Q. In your role, then, from ¹⁸ 2007-2008 time frame, then, when you all ¹⁹ would have started promoting Fentora to 2007, or whenever Fentora launched, in your role as director of healthcare ²⁰ managed care facilities? systems, one of your responsibilities A. When it was launched it's my ²² would have been to weigh in on strategy ²² understanding it was 2007. I'm not 100 percent certain. It seems correct. ²³ and tactics to improve reimbursement of And that's fair. So I ²⁴ the drug Fentora? Page 27 Page 29 ¹ should have -- let me ask a better A. That's correct. ² question. Q. And one way to do that is to We can look up precisely ³ help managed care entities understand, ⁴ when it was launched, but around that ⁴ from your perspective and from the time frame --⁵ company's perspective, that a broader group of indications for prior A. Yes. authorization would be useful and Q. -- whenever it was launched, 8 then, the role of the managed care team appropriate? was to promote Fentora, amongst others, MS. HILLYER: Objection to to the managed care entities? 10 form. 11 11 MS. HILLYER: Objection to You can answer if you 12 12 form. understand. 13 13 THE WITNESS: Could you You can answer. 14 14 THE WITNESS: What? rephrase it a little bit? Because 15 15 MS. HILLYER: You can I --¹⁶ BY MS. RUANE: 16 answer. 17 17 THE WITNESS: That's -- I Q. Yes. This is perfect. 18 want to clarify something. ¹⁸ You're doing the right thing. This is what's going to happen, I'm going to ask 19 In 2007, I was not in a bad questions, because I'm in my own 20 payer-facing, customer-facing 21 role. head, and I'll rephrase them and we'll ²² BY MS. RUANE: get through it together. So let me ask Q. Thank you. And that's a ²³ this differently. good distinction. So let's clarify that. 24 What was the change in your

	P 20		D 22
1	Page 30	1	Page 32
	role after from director of healthcare	1	A. That's what we've been
	systems management to director of	2	talking about.
1	healthcare systems marketing?	3	MS. HILLYER: Make sure she
4	A. Okay. You're right. When I	4	finishes the question.
	was director of healthcare systems	5	THE WITNESS: I apologize.
6	management, I managed I need to	6	MS. HILLYER: That's okay.
7	correct something I said earlier, my	7	MS. RUANE: It's okay.
8	timeline here.	8	THE WITNESS: It was 20
9	As the director of	9	minutes before I did that. Sorry.
	healthcare systems management, I was	10	BY MS. RUANE:
11	managing six account managers, and they	11	Q. So the market access,
1	called on the payers.	12	marketing support and strategic planning
13	When I moved into the	13	is kind of that brand team strategy and
	healthcare systems marketing, that's when		tactics that you've been discussing?
	I became a home office. So I apologize	15	A. Yes.
17	for that.	16	Q. And you did that for the
	The home office position,	1	Fentora product?
1	which to state what I stated earlier,	18	A. Yes.
1	worked with the brand team, looked at the	19	Q. And the second bullet point
20	strategies related to reimbursement; not	20	indicates that you lead cross-functional
1	only reimbursement in talking with	21	market access for the Vantrela launch
22	payers, our also remisurement support	23	teams?
23	services for patients, et ectera.	24	A. Yes.
24	Q. Got it. Okay. That's	24	Q. Can you explain to me what
	Page 31		Page 33
	helpful. And I appreciate that	1	that means?
2	distinction.	2	A. In preparation for the
3	And so during the time from		launch, the brand team, the commercial
4	2005 to 2007		4 1 41 - 4 f 1 i - 4 -
5			team, has various subteams that feed into
1	A. Yes.	5	the overarching brand strategy.
6	A. Yes.Q when you were supervising	5 6	the overarching brand strategy. So market access is one of
7	Q when you were supervising six account managers	5 6 7	the overarching brand strategy. So market access is one of them. You would have, say,
7	Q when you were supervising six account managers A. Correct.	5 6	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP
7 8 9	 Q when you were supervising six account managers A. Correct. Q those account managers 	5 6 7 8 9	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you
7 8 9 10	 Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care 	5 6 7 8 9	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution.
7 8 9 10 11	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities	5 6 7 8 9 10	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional
7 8 9 10 11 12	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct.	5 6 7 8 9 10 11	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the
7 8 9 10 11 12	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and	5 6 7 8 9 10 11 12	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of
7 8 9 10 11 12 13	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to	5 6 7 8 9 10 11 12 13	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela.
7 8 9 10 11 12 13 14	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora?	5 6 7 8 9 10 11 12 13 14 15	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of
7 8 9 10 11 12 13 14 15	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct.	5 6 7 8 9 10 11 12 13 14 15 16	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela.
7 8 9 10 11 12 13 14 15 16	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet,	5 6 7 8 9 10 11 12 13 14 15 16 17	so market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet
7 8 9 10 11 12 13 14 15 16 17	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current	5 6 7 8 9 10 11 12 13 14 15 16 17 18	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you
7 8 9 10 11 12 13 14 15 16 17 18	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current responsibilities, the first bullet point	5 6 7 8 9 10 11 12 13 14 15 16 17 18	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you develop and manage reimbursement support
7 8 9 10 11 12 13 14 15 16 17 18 19	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current responsibilities, the first bullet point indicates that you provide market access,	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	so market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you develop and manage reimbursement support programs.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current responsibilities, the first bullet point indicates that you provide market access, marketing support and strategic planning.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you develop and manage reimbursement support programs. A. Yes.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current responsibilities, the first bullet point indicates that you provide market access, marketing support and strategic planning. A. Yes.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	so market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you develop and manage reimbursement support programs. A. Yes. Q. What are the reimbursement
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q when you were supervising six account managers A. Correct. Q those account managers would have been calling on managed care entities A. Correct. Q to promote Actiq and then, once the launch date occurred, to promote Fentora? A. That's correct. Q. Okay. On that same sheet, if you look under current responsibilities, the first bullet point indicates that you provide market access, marketing support and strategic planning.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the overarching brand strategy. So market access is one of them. You would have, say, direct-to-consumer, you would have HCP and you would have market access, you might have sales and distribution. So I led that functional subteam supporting the development of the payer strategy for the launch of Vantrela. Q. Got it. For the launch of Vantrela. And on the fourth bullet point there, it indicates that you develop and manage reimbursement support programs. A. Yes.

Page 34 Page 36 ¹ collaboration, by the way. Most of these A. Yes. ² things are -- you know, are in a matrix O. Are some of the individuals ³ organization at Teva, so. ³ on those teams that you work with Matt Reimbursement support ⁴ Day and Randy Spokane, or am I getting my ⁵ programs, there's a patient assistance teams mixed up? ⁶ program, which is not under my purview, A. Can you --⁷ but it is something that I have knowledge MS. HILLYER: Objection to ⁸ of when it comes to the overarching 8 form. When are you talking about? ⁹ reimbursement and assistance for 9 MS. RUANE: That's a good 10 ¹⁰ patients. point. 11 11 MS. HILLYER: And which There's also the 12 ¹² reimbursement hotline, which is for product? ¹³ patients and physicians. And I helped ¹³ BY MS. RUANE: 14 facilitate -- there's a vendor, of Q. Let's see. Since you've ¹⁵ course, a third party that handles that. been there since 2003 and we're sitting ¹⁶ So I'm the liaise between the brand, here in 2018, it's fair to say that over time your roles changed and other ¹⁷ those services, and being, more or less, ¹⁸ the content expert for market access and people's roles have changed? ¹⁹ reimbursement. A. Correct. 20 20 Q. So it sounds like if there Q. During the time that Actiq ²¹ are questions or concerns about the was being promoted to managed care ²² hotline, they would be referred to you as entities, did you have interactions with ²³ the -people like Matt Day and Randy Spokane? 24 MS. HILLYER: Objection to Yeah, as the --Page 37 Page 35 1 MS. HILLYER: Just let her form. 2 finish. You can answer. 3 MS. RUANE: Sorry. I have a THE WITNESS: What do you 4 tendency in my questions to trail 4 mean "interactions"? Can you 5 off as I'm thinking. So that's 5 clarify what you mean, 6 "interactions"? 6 not your fault, that's my fault. 7 BY MS. RUANE: I'll try to fix it. 8 THE WITNESS: That's okay. 8 Q. Sure. 9 You mentioned you work BY MS. RUANE: 10 Q. Let me restate it. closely with the marketing and brand 11 So it's fair to say that if teams. ¹² there were questions or concerns about A. Yes. ¹³ the hotline program, that they would be 13 Q. Would that have been ¹⁴ referred to you as kind of the leader of something that you would have done during that time that Actiq was being promoted 15 that entity? 16 A. Yes. As with any company, to managed care entities? ¹⁷ though, obviously, roles and 17 A. No. Because marketing -- I 18 responsibilities often shift a bit. was in the field, at that time with 19 The brand has a lot of Actiq, and I was an account manager. ²⁰ responsibility as well, you know. So Now, I -- and, by the way, ²¹ we're a support system for the marketing 21 Randy Spokane is not marketing, he's 22 team, the brand team. ²² sales. And, yes, I did work with Randy Q. And you work pretty closely ²³ Spokane. ²⁴ with the marketing team and brand team? 24 Q. Got it.

	Page 38	Π	Page 40
1	_	1	
	A. Matt Day was in the home	1	to restate it for me, please.
2	office.		BY MS. RUANE:
3	MS. RUANE: I'm going to go	3	Q. Sure.
4	ahead and mark as Exhibit-3 an	4	We talked about the fact,
5	employee self-appraisal.	5	one of the goals of your fore as a 1
6	MS. HILLYER: Are we done	6	guess at this point you would have been a
7	with 2?	'	director of healthcare systems marketing,
8	MS. RUANE: Yes.	8	115111.
9		9	A. Yeah no. Let me just
10	(Whereupon, Teva-Bearer	10	make sure. Hold on.
11	Exhibit-3,	11	Q. I guess it's the year you
12	TEVA_MDL_A_00873333-335, was		switched over, so
13	marked for identification.)	13	A. Yeah, probably. Because it
14		14	mentions that I also managed. So I was
15	BY MS. RUANE:	15	probably transitioning. I don't really
16	Q. And I know how people love	16	remember, to be honest with you.
17	to fill out self-appraisals, so I thought	17	Q. Okay. In any event, by
18	maybe sitting here, 11 years later, we	18	October of 2007, one of the things that
19	would talk about it again.	19	you defined as an objective and
20	But I really actually just	20	accomplishment was implementing and
21	pulled it because I think it's a good way	21	this is just part of that line right
22	for us to just review a couple of the	22	under it implementing managed care and
23	things you were doing around that time.	23	reimbursement strategy and tactics for
24	So this is dated October	24	optimizing access for all Cephalon
	Page 39		Page 41
	rage 39		142541
1	15th 2007	1	_
	15th, 2007.	1	products?
2	MS. RUANE: And, for the	2	products? A. Yes.
3	MS. RUANE: And, for the record, this is	3	products? A. Yes. Q. And down below, you kind of
2 3 4	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335.	2 3 4	products? A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as
2 3 4 5	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE:	2 3 4 5	products? A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked
2 3 4 5 6	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already	2 3 4 5 6	products? A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct?
2 3 4 5 6 7	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about.	2 3 4 5 6 7	products? A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct.
2 3 4 5 6 7 8	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and	2 3 4 5 6 7 8	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a
2 3 4 5 6 7 8	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact	2 3 4 5 6 7 8	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things
2 3 4 5 6 7 8 9	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and	2 3 4 5 6 7 8 9	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to
2 3 4 5 6 7 8 9 10	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for	2 3 4 5 6 7 8 9 10	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora.
2 3 4 5 6 7 8 9 10 11	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon	2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we
2 3 4 5 6 7 8 9 10 11 12 13	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products.	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and
2 3 4 5 6 7 8 9 10 11 12 13	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct?
2 3 4 5 6 7 8 9 10 11 12 13 14	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to	2 3 4 5 6 7 8 9 10 11 12 13 14	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora? MS. HILLYER: Hold on a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90 percent target accounts.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora? MS. HILLYER: Hold on a second.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90 percent target accounts. MS. HILLYER: Where are you?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora? MS. HILLYER: Hold on a second. Objection to form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90 percent target accounts. MS. HILLYER: Where are you? MS. RUANE: I'm sorry. The
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora? MS. HILLYER: Hold on a second. Objection to form. But you can answer. And take your time to look through it	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90 percent target accounts. MS. HILLYER: Where are you? MS. RUANE: I'm sorry. The last bullet point under Fentora. The top of 34.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. RUANE: And, for the record, this is TEVA_MDL_A_00873333 through 3335. BY MS. RUANE: Q. A lot of this we've already talked about. Under objectives and accomplishments, you identify the fact that you're implementing managed care and reimbursement strategy and tactics for optimizing access for all Cephalon products. Is that consistent with what we talked about, as far as the goal to optimize access to Actiq during the time frame it was involved, and then Fentora? MS. HILLYER: Hold on a second. Objection to form. But you can answer. And	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. And down below, you kind of call out, in a bullet point, Fentora as one of the products that you're tasked with optimizing access to, correct? A. Correct. Q. And you include there, in a couple of the bullet points, the things that you're doing as it relates to Fentora. One of those is, like we talked about, optimizing access and reducing barriers; is that correct? A. Yes. Q. The last bullet point under Fentora indicates, Maintained access, 90 percent target accounts. MS. HILLYER: Where are you? MS. RUANE: I'm sorry. The last bullet point under Fentora. The top of 34.

Page 42 ¹ that's referring to? ¹ you know -- what did you say about lives? A. I need to define access for ² I want to make sure I use the right term. ³ you, because there's different levels of A. Covered lives. ⁴ access. It means the patient -- the Q. Covered lives. ⁵ prescription is prescribed, there may be A. Think of it as enrollment, ⁶ paperwork involved, et cetera, but at the same thing, covered lives. ⁷ end of the day, the patient has access to Q. So, basically, the largest numbers of enrollment or covered lives 8 the product. are going to be targets because there's Sometimes a prescription can quite a few people who, potentially, ¹⁰ be written and it just goes to the pharmacy and you walk away. Other times, could receive access to a drug like 12 there's more hurdles involved. Fentora, for example? So what this means is that MS. HILLYER: Objection to 14 ¹⁴ of the target accounts, this would be 15 ¹⁵ referring to when I was managing the You can answer. 16 THE WITNESS: My answer is ¹⁶ account management team, which were those ¹⁷ six account managers, and what we were --17 that that's true of any drug, ¹⁸ we identified target accounts. And of 18 correct. 19 those targets, we wanted to ensure that 19 BY MS. RUANE: patients have access to Fentora. 20 Q. And the way that the managed Q. And so how did you identify ²¹ care team worked on maintaining access to ²² target accounts? 22 those drugs is kind of detailed in the A. There's many ways in which ²³ strategy and tactics for reimbursement ²⁴ this is done. Oftentimes, it's done in ²⁴ that you were involved in? Page 43 Page 45 ¹ collaboration with the home office MS. HILLYER: Objection to ² marketing team, where you look at the form. What strategies and tactics ³ number of covered lives, the geographic are you referring to? ⁴ footprint, there's -- an example might be 4 MS. RUANE: Let me rephrase ⁵ in Pittsburgh, Highmark is one of the that question. ⁶ target accounts. It influences a lot of BY MS. RUANE: ⁷ prescriber behavior, because many Q. We talked about, for ⁸ patients are enrolled in Highmark. example, reimbursement support programs So there is a strategy -like hot lines, correct? ¹⁰ there is a method to identifying. Most 10 A. Yes. often, it really is related, though, to 11 Q. Would those be one form of ¹² where the most number of commercial maintaining access? ¹³ covered lives are. 13 No. Α. 14 Sorry, I'm trailing off. Okay. So what would be 15 Many times, it's obviously forms of maintaining access? What do you ¹⁶ based on enrollment, the larger the plan, 16 do? 17 the more patients they have. They become A. You call on -- so you provide -- you determine, say, a payer, ¹⁸ a target. the account manager goes in, speaks to 19 Q. And so you mentioned ²⁰ Highmark as an example in the Pittsburgh the plan, provides the clinical ²¹ area. information about the product. But when you would identify The plan can request ²³ additional information. They can request ²³ managed care entities who had a large ²⁴ enough either geographic footprint or, ²⁴ information that's non-promotional

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	Page 46		Page 48
1	through a medical information request	1	the doc fills out the form, it's
2	form. Basically, it's negotiating the	2	reviewed by the plan, they
3	unmet need the benefits of the product	3	determine whether it's covered or
4	and working with the plan to ensure that	4	not; they either say yes or no.
5	patients that they place it on the	5	And then if it's yes, the
6	formulary so that patients, appropriate	6	patient has access to the product;
7	patients, have access.	7	if the answer is no, a physician
8	Q. Is it correct that the	8	can appeal.
9	ultimate goal is to have the medication	9	BY MS. RUANE:
10	placed on the formulary?	10	Q. Thank you. I appreciate
11	A. Yes. The alternative is	11	that.
12	it's blocked.	12	I also wanted to ask, the
13	Q. What is the difference	13	bullet point just above that indicates,
14	between I've also seen reference to	14	Collaboration and communication with
15	prior authorization	15	sales teams to identify KOLs.
16	A. Yep.	16	What are KOLs?
17	Q and appeals and letters	17	A. Key opinion leaders,
18	of medical necessity.	18	physicians.
19	And I'm going to ask you	19	Q. And did the brand strike
20	some questions about that in a near	20	that.
	bit.	21	Did the managed care team
22	A. Okay.	22	utilize key opinion leaders?
23	Q. My first question is, what	23	MS. HILLYER: Objection to
24	is the distinction between a drug being	24	form.
	Page 47		Page 49
1	placed on a formulary and a drug	1	BY MS. RUANE:
2	receiving prior authorization?	2	Q. As it relates to Actiq
3	MS. HILLYER: Objection.	3	and/or Fentora?
4	That's kind of broad.	4	A. Define "utilize."
5	But you can answer if you	5	Q. Did the managed care team
6	can briefly.	6	have key opinion leaders that spoke to
7	THE WITNESS: I can answer	7	managed care entities?
8	it?	8	A. There was a managed care
9	So in order to the goal	9	speaker bureau of which, if a plan
10	is to get the drug placed on	10	requested a clinical presentation or a
11	formulary, that's the first step.	11	presentation from a clinician, typically
12	There are other things that	12	those would be considered KOLs. So, yes.
13	I'll talk about, if you need more	13	In a limited fashion, but yes.
14	detail. But the to answer your	14	Q. So Teva maintained a managed
15	question on prior authorization,	15	care speaker bureau, which was kind of a
16	once the product is on formulary,	16	database of key opinion leaders who, at
17	the plan may determine a prior	17	the request of a managed care entity,
18	authorization is required, that	18	could be brought in to speak to that
19	the physician fills out, based on	19	entity; am I understanding that
20	the criteria the plans deem	20	correctly?
21	appropriate for covering that	21	A. That's correct.
22	drug.	22	MS. HILLYER: Objection to
23	It's an administrative	23	form.
24	effort, most of the time, where	24	Go ahead.

Page 50 ¹ BY MS. RUANE: So if I'm understanding Q. Am I understanding that ² correctly, the managed care speaker ³ bureau is something that applied to the correctly? ⁴ time frame after Fentora was launched? A. Restate it, because I --5 O. Sure. A. To the best of my So Teva maintains a managed recollection, yes. ⁷ care speaker bureau of key opinion Q. And when -- if you know, 8 leaders that they identified. And at the when key opinion leaders were brought in ⁹ request of a managed care entity, Teva to speak to managed care entities, were would facilitate one of those key opinion they compensated by Teva? 11 leaders to come in and speak to the 11 A. Yes. 12 ¹² managed care entity? Q. When -- whether it's the key 13 A. Yes. opinion leader or just a representative from Teva calling on managed care 14 Q. Okay. Were you involved --15 like sitting here right now, offhand, do entities, who were the individuals in the you know the names of the key opinion managed care entities who were present at leaders that would speak? those meetings? What roles? 18 MS. HILLYER: Objection to 18 MS. HILLYER: Objection to 19 19 form. When and which product? form. That's compound. You're 20 20 asking two different scenarios. And which entity? 21 21 MS. RUANE: Thank you. And it's confusing, because key 22 ²² BY MS. RUANE: opinion leaders didn't call on 23 23 Q. With Fentora. managed care. 24 24 MS. RUANE: Let me divide Any names? Page 51 Page 53 1 Q. Any names. them up. Do any names come to mind? BY MS. RUANE: 3 One name comes to mind, Jeff Q. When key opinion leaders A. ⁴ would come in to speak to managed care ⁴ Gudin. ⁵ entities, as facilitated by Teva, who Q. And were you personally would be in the audience, if you know? ⁶ involved in establishing or setting up ⁷ those key opinion leaders to go in and A. Typically, it would be a speak? pharmacy director, a pharmacy -- clinical pharmacists and medical directors. A. I was aware. I don't recall being a facilitator of it. 10 Q. And when Teva employees Q. What about during the time would simply call on managed care ¹² that managed care entities were being entities in order to explain and try to maintain access to their products, who 13 called on to promote Actiq, are you --14 just sitting here today, do you have a would be in the audience, typically, if 15 memory of the names of any of the key you know? ¹⁶ opinion leaders who spoke to managed care 16 A. Pharmacy directors. Some ¹⁷ entities? plans have trade pharmacy contracting. 18 A. During that time, I don't So you have pharmacy and then there would ¹⁹ believe any did, that the speaker bureau be a contracting arm as well, that we're referring to came later. potentially. And, occasionally, clinical 21 So that's why the timing of pharmacists. Same audience. ²² your question is important. There's been 22 O. Would the medical directors ²³ an evolution. ²³ be present at those as well? 24 24 Q. Thank you. That's a broad question.

Page 54 ¹ Sometimes, I guess, the answer would be. That was generally your ² experience? I mean, I get every audience Q. And, I guess, I kind of ³ assumed this in my question, but I should ³ is different. But, generally speaking, ⁴ clarify, just to point out, the managed ⁴ that was your experience? ⁵ care entities, we're talking about them MS. HILLYER: Objection to ⁶ as entities, but, obviously, they have form. ⁷ employees, some of whom are physicians BY MS. RUANE: ⁸ and some of whom are pharmacists, in your Q. Am I correct? experience? A. Generally. I would say --10 A. They have both. And in if you're asking me to be general, I ¹¹ addition to a number of other ¹¹ would say the majority of times the ¹² responsible -- you know, employees. medical directors were not present, but Q. And the reason I ask is just 13 they could be. 14 ¹⁴ because I think some people hear managed Q. And are the medical care entity and they assume it's just a directors -- if you know, are the medical whole bunch of business people. directors the ultimate determinate of 17 So in your experience in the prior authorization? ¹⁸ managed care entities that you've called 18 MS. HILLYER: Objection. 19 on and that you've supervised people Calls for speculation. ²⁰ calling on, the managed care entities, 20 THE WITNESS: I don't know. ²¹ the decision-makers include physicians BY MS. RUANE: ²² and pharmacists as well, correct? Q. Okay. Just a couple quick 23 things, and then we'll move on. A. Correct. 24 On Page 35, so the last page Okay. And it's fair to say, Page 55 Page 57 ¹ when you were involved in marketing and ¹ of Exhibit-3, under, Fentora brand ² promoting products like Fentora, that ² team --³ marketing and promotion was going to --MS. HILLYER: She's talking ⁴ in part, to physicians and pharmacists about these, 35. ⁵ employed by those managed care entities? THE WITNESS: Oh, I see. 6 MS. HILLYER: Objection to BY MS. RUANE: 7 the form. Q. -- it indicates that you 8 You can answer if you participated in the managed care working 9 group for the FAST team, 2008 brand understand. strategy. 10 THE WITNESS: Just clarify 10 11 11 for me, if you would --A. Yes. 12 BY MS. RUANE: 12 Can you describe for me what Q. 13 Q. Sure. 13 that is? 14 A. -- what you're asking. A. I hadn't seen it in a while. 15 Q. As an example, we've talked I think it was just an acronym for the ¹⁶ about the fact that you all might come up ¹⁶ Fentora action strategic something or ¹⁷ other. with, you know, a new presentation to 18 18 give to a managed care entity. It was just -- you know, 19 And when you go in to give these are marketing people, they like to ²⁰ that presentation, people in the audience name things. But, basically, it was the included physicians and pharmacists, ²¹ brand strategy team. 22 correct? 22 Q. There's a lot of marketing 23 A. They could, yes. ²³ lingo. So I appreciate you know some of 24 They could. 24 it, because it's taken me a while to

Page 58 Page 60 ¹ learn some of these. dossier, upon request, to a plan. So the FAST team was kind of ² BY MS. RUANE: Q. You mentioned the -- are you ³ one of the names that marketing gave the ⁴ Fentora launch? 4 okay? 5 A. As I recall. And as I A. Yes. 6 Q. Just let me know if you need ⁶ described earlier, the working group was the subteam that I referred to. a break. 8 8 O. Got it. A. I will. I'm not shy. 9 Q. You mentioned in there AMCP. And you also participated --10 ¹⁰ as a result of being part of that Fentora What's AMCP? ¹¹ brand team, you participated in the 11 A. Academy of Managed Care development and review of the Fentora Pharmacy. It's an organization, like 13 dossier and NAM slide deck? some of the others, that have membership 14 A. Yes. of all the managed care companies, 15 individual membership. That would be the NAM, They are like a so-called ¹⁶ national account manager, just so you 17 overseer. They have a journal they know. Q. So that was my question. Is produce. They have a large meeting twice 19 the national account manager -- well, a year for pharmacy students. It's not strike that. Let me ask this first. unlike some of the other professional The Fentora dossier and the organizations. 22 ²² NAM slide deck, are those specific to Q. Are you a member of that managed care? professional organization? 24 A. Yes. A. No. Page 59 Page 61 Q. And so prior to Fentora, was Q. So the -- it sounds like there an Actiq dossier or was this a new ² with Fentora -- because of the shift as ³ way of marketing? ³ you described, with Fentora, a dossier ⁴ and a NAM slide deck was created that 4 MS. HILLYER: Let her 5 ⁵ would be provided, upon request, to the finish. managed care entities? 6 THE WITNESS: I was going to 7 A. No. The dossier, yes. cough. 8 MS. HILLYER: I thought you The NAM slide deck is a 9 promotional piece, not unlike a sales were about to answer. 10 THE WITNESS: No, no. aid, that the account manager would use ¹¹ in presenting or talking with a health 11 To the best of my 12 plan, a payer. recollection, there was not one 13 13 Q. Got it. I feel like it's for Actiq. This -- as we talked, 14 there's an evolution through ¹⁴ catching. 15 managed care. Dossiers became 15 So thank you. Let me ask 16 ¹⁶ this question again, just to make sure more recognized by plans during 17 we're clear, and then we'll move on. this time. 18 So it's, basically, an AMCP, So the dossier would be 19 Academy of Managed Care Pharmacy, provided, upon request, to the managed 20 dossier format. care entity. The NAM slide deck was 21 something that was simply used during And often a company -- now 22 they're electronic, all pharma presentations to managed care entities 23 companies typically, when they're ²³ from a Teva employee? 24 launching a product, provide a 24 MS. HILLYER: Objection to

	o Further Confidentiality Review
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¹ form.	¹ before we do, a couple of things I just
² You can answer.	² want to make sure.
³ THE WITNESS: Is that	³ I've asked several questions
because it's compound?	⁴ of you already about kind of marketing
5 MS. HILLYER: Yes.	⁵ terms or things that I don't understand
⁶ BY MS. RUANE:	⁶ within this, and you've been kind enough
⁷ Q. I can divide them up	⁷ to define them so far.
⁸ A. That's okay.	8 There's a couple of other
⁹ Q if it makes you feel	⁹ things I want to make sure we're on the
¹⁰ better.	10 same page about.
11 A. The dossier was upon	Do you agree that during the
¹² request. The NAM presentation was as you	12 time well, actually, the entire time
13 stated.	13 that Actiq was being sold that the
Q. Got it.	14 indication for Actiq was for breakthrough
And you participated in the	pain in cancer patients?
¹⁶ development of those documents, according	A. That's the label.
17 to	Q. And I guess the full title
A. Yes, it says that. But the	would be, For breakthrough pain in cancer
¹⁹ dossier is typically developed under the	¹⁹ patients who are opioid tolerant,
²⁰ medical team.	20 correct?
The only thing that I would	A. Correct.
say to that, it's probably incorrectly	Q. Okay. And that was true the
²³ referenced, is it's a compilation of	²³ entire time that Actiq was being sold,
24 study clinical data, any health	24 correct?
	D (5
Page 63	Page 65
Page 63 1 economics data, et cetera. It's not a	¹ A. Correct.
Page 63 1 economics data, et cetera. It's not a 2 promotional piece.	A. Correct. Q. Do you also agree that the
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was	 A. Correct. Q. Do you also agree that the indication for Fentora was for
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was 4 included in the dossier. This NAM slide	 A. Correct. Q. Do you also agree that the indication for Fentora was for breakthrough cancer pain in patients who
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was 4 included in the dossier. This NAM slide 5 deck is a promotional piece.	A. Correct. Q. Do you also agree that the indication for Fentora was for breakthrough cancer pain in patients who are opioid tolerant?
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was 4 included in the dossier. This NAM slide 5 deck is a promotional piece. 6 Q. And so dividing them up, you	A. Correct. Q. Do you also agree that the indication for Fentora was for breakthrough cancer pain in patients who are opioid tolerant? A. Cancer pain, yes.
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was 4 included in the dossier. This NAM slide 5 deck is a promotional piece. 6 Q. And so dividing them up, you 7 were privy to the information that was	A. Correct. Q. Do you also agree that the indication for Fentora was for breakthrough cancer pain in patients who are opioid tolerant? A. Cancer pain, yes. Q. For breakthrough cancer
Page 63 1 economics data, et cetera. It's not a 2 promotional piece. 3 I was privy to what was 4 included in the dossier. This NAM slide 5 deck is a promotional piece. 6 Q. And so dividing them up, you 7 were privy to the information that was 8 contained in the Fentora dossier?	A. Correct. Q. Do you also agree that the indication for Fentora was for breakthrough cancer pain in patients who are opioid tolerant? A. Cancer pain, yes. Q. For breakthrough cancer pain, correct?
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Page 66	Page 68
But you can answer.	¹ promote products off label, correct?
THE WITNESS: I understand	MS. HILLYER: Same
what the label I understand	objection. Asked and answered.
what the indication in the label	And calls for a legal conclusion.
⁵ stated, yes.	You can answer if you can.
⁶ BY MS. RUANE:	6 THE WITNESS: Based on the
⁷ Q. And the indication of the	way you phrased the question, I
⁸ label would be on-label use of those	⁸ would answer yes.
⁹ products.	⁹ BY MS. RUANE:
So that would be if a	Q. And you knew that the reason
¹¹ physician prescribed let's take	11 it was illegal to promote Fentora, as an
¹² Fentora, for example. If a physician	¹² example, off label, was because the FDA
¹³ prescribed Fentora for breakthrough pain	¹³ indication was limited to breakthrough
14 in a patient that he or she had who had	¹⁴ cancer pain in opioid-tolerant patients,
¹⁵ cancer and was opioid tolerant, that	¹⁵ correct?
would be on-label prescribing, correct?	MS. HILLYER: Objection to
A. Correct.	form. And calls for a legal
Q. Okay. You also understood	18 conclusion.
¹⁹ that there was the potential for	MS. RUANE: Would you like
²⁰ off-label prescribing by physicians to	me to rephrase it, or are you able
²¹ prescribe the product for breakthrough	to answer?
²² pain in a patient who didn't have cancer,	THE WITNESS: I think the
²³ for example, correct?	answer is rephrase it, because
A. Correct.	I want to make sure I answer
Page 67	Page 60
	Page 09
	Page 69
¹ Q. And you	¹ correctly.
Q. And you A. Sorry.	¹ correctly. ² BY MS. RUANE:
 Q. And you A. Sorry. Q. Sorry? 	 correctly. BY MS. RUANE: Q. Sure.
 Q. And you A. Sorry. Q. Sorry? A. Correct. 	 correctly. BY MS. RUANE: Q. Sure. So we know that you
 Q. And you A. Sorry. Q. Sorry? A. Correct. Q. And you understood, in your 	 correctly. BY MS. RUANE: Q. Sure. So we know that you understood off-label marketing, marketing
 Q. And you A. Sorry. Q. Sorry? A. Correct. Q. And you understood, in your role with both Cephalon and Teva, that it 	 correctly. BY MS. RUANE: Q. Sure. So we know that you understood off-label marketing, marketing or promoting a product like Fentora for
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	Page 70		Page 7
1	BY MS. RUANE:	1	within the organization. So I
2	Q. You agree that the only	2	can't answer it.
3		3	BY MS. RUANE:
4	was breakthrough cancer pain, correct?	4	Q. Okay. Thank you. And
5	MS. HILLYER: Objection to	5	that's a fair point.
6	form.	6	So in your memory, you have
7	You can answer.	7	
8	THE WITNESS: The	8	A. No.
9	indication, you're correct.	9	Sorry.
10	BY MS. RUANE:	10	Q. And let me ask it again,
11	Q. And so any promotion or	11	just to make sure we're not stepping on
12	marketing which attempted to expand the		each other.
	idea of pain from breakthrough cancer	13	In your memory, you have not
	pain to breakthrough pain would be		used the phrase "pain is pain" in the
	off-label marketing, wouldn't it?	1	promotion or marketing of an opioid
16	MS. HILLYER: Objection to		product?
L7	form. That's confusing.	17	A. Not to my recollection.
18	THE WITNESS: I mean, that's	18	Q. And using the phrase "pain
19			is pain" in marketing an opioid product
	too vague. BY MS. RUANE:	1	like Fentora would be off-label
21		1	
	Q. Do you believe that	22	marketing, wouldn't it?
	marketing a product like Fentora for	23	MS. HILLYER: Objection.
	breakthrough pain, without any reference	24	Very vague. And calls for a legal conclusion.
	to cancer, is off-label marketing?		conclusion.
	Page 71		Page 7
1	MS. HILLYER: Objection to	1	Any opioid product?
2	form. It calls for a legal	2	MS. RUANE: I said Fentora.
3	conclusion.	3	MS. HILLYER: You said like
4	THE WITNESS: In the context	4	Fentora.
5	that you're stating, which I think	5	MS. RUANE: Let me ask it
6	is pretty broad, I would agree	6	again.
7	with you.	7	BY MS. RUANE:
8	BY MS. RUANE:	8	Q. Would you have allowed, in
9	Q. And so it's important that	9	your role as managed care as excuse
10	the phrase "pain is pain" be well	10	me.
11	defined; because if "pain is pain" is	11	Would you have allowed, in
12	actually addressing the argument that	12	your role as director of healthcare
13	breakthrough cancer pain and breakthrough	13	systems marketing, to an employee of
14		14	yours to market to a managed care entity
15	thing, that would be off-label marketing,	15	the use of Fentora with the description,
16	wouldn't it?	16	pain is pain?
	MS. HILLYER: Objection to	17	MS. HILLYER: Objection to
17	· · · · · · · · · · · · · · · · · · ·	18	form.
	form. Calls for legal conclusion.		THE HIM IEGG TO
18	_	19	THE WITNESS: There was no
18 19	Argumentative. And vague.	19 20	
18 19 20	Argumentative. And vague. You can answer if you		direction from me to any of my
18 19 20 21	Argumentative. And vague. You can answer if you understand the questions.	20	direction from me to any of my team to make that statement, ever.
17 18 19 20 21 22 23	Argumentative. And vague. You can answer if you	20 21	direction from me to any of my

Page 74 Page 76 ¹ that would be off-label marketing, Q. Okay. And if it did happen, ² wouldn't it? ² it would have been off-label marketing, ³ correct? A. It's vague. MS. HILLYER: Objection to MS. HILLYER: Objection to 5 5 form. form. 6 6 THE WITNESS: In context, I THE WITNESS: Again, there's 7 various types of pain. You're don't -- I don't think I can agree 8 probably aware. There's 8 with you. 9 nociceptive pain, neuropathic BY MS. RUANE: 10 10 Q. You don't think -- I want to pain. ¹¹ make sure I understand. If you're not 11 So, again, I see this as a 12 ¹² agreeing with me, I want to make sure I very strong, broad statement. If ¹³ understand why. 13 you want to get specific about all 14 14 In your role as director, the different types of pain, low ¹⁵ you would not have authorized, and you 15 back pain and all that, then we ¹⁶ don't believe you would -- you did ever 16 can talk about that. ¹⁷ authorize, the use of the phrase "pain is 17 BY MS. RUANE: pain" in promotion or marketing of 18 Q. And there are. 19 ¹⁹ Fentora? And, in fact, at some point, 20 Teva authored and issued letters of A. That's correct. 21 Q. And the reason -- I mean, medical necessity on different types of ²² you obviously have no memory of it. pain, correct? 23 23 But the reason -- am I MS. HILLYER: Objection. ²⁴ correct that the reason you think you ²⁴ BY MS. RUANE: Page 75 Page 77 ¹ would not have authorized that is because Q. Including back pain? 2 ² that would be marketing the product MS. HILLYER: Objection. ³ beyond its indication of breakthrough Assumes facts not in evidence. 4 cancer pain? ⁴ BY MS. RUANE: 5 MS. HILLYER: Objection to Q. We can look at them in a 6 form. ⁶ little bit. I'm just asking if you 7 ⁷ remember. THE WITNESS: I could see a 8 situation in which you're A. I believe so, yes. Q. My question for you is a 9 having -- you're just making a statement of what I would say is 10 ¹⁰ little bit different. 11 context, or maybe opportunities to If the description of "pain 12 is pain" was being used in reference to 12 have a conversation, in which 13 you're talking about pain ¹³ breakthrough cancer pain, and any other ¹⁴ breakthrough pain in a patient who 14 management. 15 But we always stuck to the doesn't have cancer, is the same because 16 label, as far as what the ¹⁶ all pain is pain, that would have been 17 indication is for our product. off-label marketing, correct? 18 18 MS. HILLYER: Objection to So there's, obviously, 19 19 conversations that people have form. 20 20 relative to pain management. But THE WITNESS: Again, I 21 in terms of actually promoting and 21 feel -- I'm going to give you a yes, in the sense of you're 22 22 recommending it, as it relates to 23 23 Fentora, that would not happen. pushing me to state something that 24 I believe is somewhat out of ²⁴ BY MS. RUANE:

1	Page 8
context.	Q correct?
Because I have not seen	MS. HILLYER: Take your time
anything specific to pain is pain.	3 to look it through.
⁴ BY MS. RUANE:	THE WITNESS: Okay. Yes, my
Q. But given the information I	5 name is on it, and it looks
⁶ provided you, you would agree with that	⁶ familiar.
⁷ statement?	⁷ BY MS. RUANE:
8 A. I'm not an expert on all the	⁸ Q. The first page, Page 73,
⁹ nuances of off-label promotion.	⁹ you'll see an advocacy bullet point
But based on the way you	10 there?
have asked me, a number of times, I would	11 A. Yes.
answer, to the best of my knowledge, the	Q. That indicates,
way that you've asked the question, yes.	¹³ Advocacy-cultivate key physicians in each
Q. Okay. Let's move on to	14 target market to assist in influencing
⁵ Exhibit-4.	¹⁵ key account formulary committees,
6 MS. HILLYER: We've been	¹⁶ establishing PA criteria and guidelines,
⁷ going about an hour. Do you want	¹⁷ challenging existing restrictions, et
8 to take a quick break?	18 cetera.
9 MS. RUANE: That's perfect.	¹⁹ And then, Coordinate
Let's take a break.	²⁰ peer-to-peer discussions and share best
VIDEO TECHNICIAN: Going off	21 practices.
record. 10:29 a.m.	Is that correct?
	A. That's what it says, yes.
(Whereupon, a brief recess	Q. Got it.
Page 79	Page
was taken.)	We talked about the goal to
2	² get, I guess at this point it would have
³ VIDEO TECHNICIAN: Back on	³ been Actiq, on to the formulary?
⁴ record. 10:42 a.m.	4 MS. HILLYER: Objection to
⁵ BY MS. RUANE:	
	⁵ form.
⁶ O. Back on record after a short	101111.
Q. Buck on record after a short	⁶ BY MS. RUANE:
⁷ break.	6 BY MS. RUANE: Q. We talked about that, prior?
⁷ break.	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it
 break. You understand you're still under oath? 	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these
 break. You understand you're still under oath? A. I do. 	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands.
 break. You understand you're still under oath? A. I do. Q. Okay. We're going to hand 	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with
 break. You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range 	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get
7 break. 8 You understand you're still 9 under oath? 10 A. I do. 11 Q. Okay. We're going to hand 12 you Exhibit-4, Bates range 13 TEVA_MDL_A_04838673 to 77.	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't,
7 break. 8 You understand you're still 9 under oath? 0 A. I do. 1 Q. Okay. We're going to hand 2 you Exhibit-4, Bates range 3 TEVA_MDL_A_04838673 to 77.	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct?
7 break. 8 You understand you're still 9 under oath? 0 A. I do. 1 Q. Okay. We're going to hand 2 you Exhibit-4, Bates range 3 TEVA_MDL_A_04838673 to 77. 4 5 (Whereupon, Teva-Bearer	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes.
7 break. 8 You understand you're still 9 under oath? 10 A. I do. 11 Q. Okay. We're going to hand 12 you Exhibit-4, Bates range 13 TEVA_MDL_A_04838673 to 77. 14 15 (Whereupon, Teva-Bearer 16 Exhibit-4,	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced
7 break. 8 You understand you're still 9 under oath? 1 Q. Okay. We're going to hand 2 you Exhibit-4, Bates range 3 TEVA_MDL_A_04838673 to 77. 4 5 (Whereupon, Teva-Bearer 6 Exhibit-4, 7 TEVA_MDL_A_04838673-677, was	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians
7 break. 8 You understand you're still 9 under oath? 0 A. I do. 1 Q. Okay. We're going to hand 2 you Exhibit-4, Bates range 3 TEVA_MDL_A_04838673 to 77. 4 5 (Whereupon, Teva-Bearer 6 Exhibit-4, 7 TEVA_MDL_A_04838673-677, was 8 marked for identification.)	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.)	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose,
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.) BY MS. RUANE:	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose, 20 correct?
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.) BY MS. RUANE: Q. This is a document you	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose, 20 correct? 21 A. That's correct.
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.) BY MS. RUANE: Q. This is a document you authored as the national account	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose, 20 correct? 21 A. That's correct. 22 Q. We've also talked about
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.) BY MS. RUANE: Q. This is a document you authored as the national account manager	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose, 20 correct? 21 A. That's correct. 22 Q. We've also talked about 23 prior authorization and you explained how
You understand you're still under oath? A. I do. Q. Okay. We're going to hand you Exhibit-4, Bates range TEVA_MDL_A_04838673 to 77. (Whereupon, Teva-Bearer Exhibit-4, TEVA_MDL_A_04838673-677, was marked for identification.) BY MS. RUANE: Q. This is a document you authored as the national account	6 BY MS. RUANE: 7 Q. We talked about that, prior? 8 A. You're implying that it 9 wasn't on formulary. This is these 10 are global objectives for all brands. 11 Q. Okay. One of the goals with 12 Actiq was to make sure that or to get 13 it on to formulary, if it wasn't, 14 correct? 15 A. Yes. 16 Q. And so you influenced 17 your goal was to cultivate key physicians 18 to assist in influencing key account 19 formulary committees for that purpose, 20 correct? 21 A. That's correct. 22 Q. We've also talked about

Page 82 1 One of the goals was to ¹ appropriate indication that wouldn't --² establish prior authorization criteria ² that you wouldn't attempt to establish ³ and guidelines and to challenge existing prior authorization criteria beyond; is ⁴ restrictions, correct? that correct? 5 MS. HILLYER: Objection to A. This is a broad statement. 6 form. Mischaracterizes testimony. We don't know what the THE WITNESS: That's not restrictions are. In general. It's a broad objective. 8 what I said. Q. And that would have been BY MS. RUANE: ¹⁰ true as it relates to Actiq, to challenge 10 Q. What was your example for ¹¹ whatever existing restrictions there were opioid-tolerant patients? What were you 12 regarding prior authorization, correct? referring to? 13 MS. HILLYER: Objection to A. What I'm referring to is, 14 ¹⁴ for everyone's edification, prior form. 15 authorizations often have very specific THE WITNESS: Again, a broad requirements, it's called criteria, not 16 statement. There may be 17 restrictions that are appropriate. necessarily restrictions, criteria that 18 So just to make a blanket the plan determines. 19 statement about restrictions Each plan makes their own 20 determination, based on the clinical data doesn't imply that some -- prior 21 authorizations often include very and what's available to them from what's 22 appropriate restrictions as well, going on in the marketplace. 23 23 like, for example, tolerance to If they choose to cover it 24 opioid, opioid tolerance. That ²⁴ beyond label, that's their privilege to Page 83 Page 85 1 would be considered a restriction ¹ do so. that is appropriate. And each plan, if you were ³ BY MS. RUANE: ³ to look at a prior authorization form, ⁴ might have very specific criteria that 4 Q. What about cancer pain, was ⁵ varies from one plan to another. And that considered a restriction that was ⁶ that is up to the P&T committee and the appropriate for Actiq? 7 clinical team for that health plan. MS. HILLYER: Objection to 8 Q. And one of the goals, as a form. national account manager at that time, 9 THE WITNESS: That is -- let 10 me state first that for both was to assist in establishing that prior 11 Actiq, as it evolved in the authorization criteria, correct? 12 marketplace, prior authorizations A. It depends. It's part of were required. Often they default 13 ¹³ the -- you have a clinical discussion 14 to label. Often they can include ¹⁴ with the team -- with the plan. And they 15 beyond label. It depends. write their PA criteria, we do not. 16 So there's not one answer to Q. And at least at that time, 16 17 your question. 17 on Page 74, under, Anthem pharmacy 18 BY MS. RUANE: 18 services --19 Q. Okay. My question for you, 19 A. Yep. as the national account manager who 20 Q. -- the fourth bullet point 21 drafted this document -down, it looks like, to the extent Actiq 22 had updated clinical information, that A. Yes. was going to be provided? 23 Q. -- was, you gave the example ²⁴ of opioid-tolerant patients as an 24 That's what it says, yes.

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	Page 86	,	Page 88
	Q. Let's turn to 1 age 77, it's		pain management, correct?
	and hast page.	2	A. Correct.
3	You'll see there, there's a	3	Q. What's an MEP?
	neading, manage resources effectively.	4	A. Medical education program.
5	A. Uh-huh.	5	Q. And so medical education
6	Q. The second-to-last bullet	6	programs would be provided to managed
7	point indicates, Learn and utilize Actiq	7	care entitles with the goar of eroadening
8	white paper, when available, to present	8	and the state of t
10	data to plans.	10	correct?
11	A. That's what it says.		A. Not necessarily. Managed
12	Q. Is the Actiq white paper the	1	care organizations don't treat patients,
13	suffic as the dossier:	12	so we spend a recording with incorem
14	A. No.	1	education programs, particularly in the
15	Q. What was the Actiq white	15	pain area.
16	paper?		And you give them it's
17	A. I honestly don't remember.	17	like a disease state type of presentation
18	Tremember there was one, but I don't		to educate them, because we can t assume
19	recall specifically what it was.	1	that every pharmacy director has working
20	Q. Do you recall who was		knowledge of all the different
21	mvorved in creating it.	21	therapeutic areas or all the medications.
22	A. I honestly don't.		Q. And in this case, the pain
23	(Wharaupan Taya Pagrar		management education is referenced, below the goal, to broaden Actiq prior
24	(Whereupon, Teva-Bearer Exhibit-5,	1	authorization criteria; you would agree?
	<u> </u>		
	Page 87		Page 89
1	TEVA_MDL_A_04838485-490, was	1	A. That's what it says.
2	marked for identification.)	2	Q. Okay. And there's also an
3			indication that the team is going to work
4	BY MS. RUANE:		with the field to drive appeals and
5	Q. I'm going to hand you what's	1	letters of medical necessity, correct?
7	been marked as Exhibit-5.	7	A. That's what it says.
	This is a similar document,	_	Q. That's also under the
8 9	just for 2005, correct?	8	heading of, Broaden Actiq prior
10	MS. HILLYER: Take your time	10	authorization criteria, correct?
	to look it over.	11	A. Correct.
12	BY MS. RUANE:	12	Q. And the field would be
13	Q. And I'll tell you I mean,	13	individuals sales representatives calling on physicians, correct?
14		14	A. Let me make sure I'm
	VOIL I'm fligt going to ack voll one or two	1	
	you im just going to use you one or two	15	answering you correctly
15	questions, and then we'll move on.	15 16	answering you correctly.
15	questions, and then we'll move on. A. Okay.	15 16 17	Field yes.
15 16 17	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document,	16 17	Field yes. Q. And the sales
15 16 17 18	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to	16 17 18	Field yes. Q. And the sales representatives calling on the field
15 16 17	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to describe, right above Cigna, I guess, the	16 17 18 19	Field yes. Q. And the sales representatives calling on the field or within the field would be tasked with,
15 16 17 18 19 20	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to describe, right above Cigna, I guess, the last bullet point right above Cigna, one	16 17 18 19 20	Field yes. Q. And the sales representatives calling on the field or within the field would be tasked with, rather than having their the
15 16 17 18 19 20 21	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to describe, right above Cigna, I guess, the last bullet point right above Cigna, one of the things included was to broaden the	16 17 18 19 20 21	Field yes. Q. And the sales representatives calling on the field or within the field would be tasked with, rather than having their the physicians they call on accept a denial,
15 16 17 18 19 20	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to describe, right above Cigna, I guess, the last bullet point right above Cigna, one of the things included was to broaden the Actiq prior authorization criteria?	16 17 18 19 20 21 22	Field yes. Q. And the sales representatives calling on the field or within the field would be tasked with, rather than having their the physicians they call on accept a denial, to undergo the appeal process and, if
15 16 17 18 19 20 21 22	questions, and then we'll move on. A. Okay. Q. On Page 2 of that document, 86, it's, I guess, the it's hard to describe, right above Cigna, I guess, the last bullet point right above Cigna, one of the things included was to broaden the	16 17 18 19 20 21 22 23	Field yes. Q. And the sales representatives calling on the field or within the field would be tasked with, rather than having their the physicians they call on accept a denial, to undergo the appeal process and, if

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	Page 90	Page 92
¹ MS. HILLYER: Objection		s that medication is not going to
² Calls for speculation. Lack of		for and the patient won't receive
³ foundation.	³ the med	ication, correct?
THE WITNESS: Why d	on't you 4 A.	That's part of it. It could
⁵ rephrase?	⁵ be that t	he information is not complete,
⁶ BY MS. RUANE:		irement for prior therapies is
⁷ Q. Sure.	⁷ not doci	ımented.
8 When it says, Work with	the 8	So, like I say, there are
⁹ field to drive appeals and letters of	f 9 many re	asons why prior authorizations are
¹⁰ medical necessity, that is to drive	an 10 denied.	
¹¹ increase in the number of appeals	and 11 Q.	And my question was a little
12 letters of medical necessity, corre	ct? 12 differen	t.
MS. HILLYER: Objection	on. 13	The practical effect of
Calls for speculation.	14 that, if t	here's a denial, is that
THE WITNESS: This w	ns a 15 medicat	ion is not going to be paid for,
time when prior authorization	is, 16 the patie	ent is not going to receive that
letters of medical necessity, v	vas 17 medicat	ion, correct?
not as commonplace for man	y 18 A.	The patient can pay cash,
offices.	19 but the p	payer is not going to pay for it.
The idea behind prior	20 Q.	If the patient doesn't pay
21 authorizations and letters of	_	cluding an out-of-pocket payment,
medical necessity was to ens		practical effect would be the
that the office staff was family		doesn't receive the medication
with the process, to ensure		dication, correct?
	Page 91	Page 93
¹ appropriate patients, as deem		Correct.
2 appropriate by the physician,		And so Teva, or Cephalon, I
access to Fentora.		this time
⁴ BY MS. RUANE:	4 A.	Right.
⁵ Q. And so to drive the num		doesn't receive that
⁶ of appeals and letters of medical	6 profit, c	
⁷ necessity would have the effect o	-	The script won't be filled.
8 increasing, potentially, the number		And Teva, or Cephalon at
⁹ patients who, although they were		e, doesn't receive the profit for
denied, upon appeal and submissi		pt, correct?
letter of medical necessity, were		MS. HILLYER: Objection to
receive the opioid, correct?	12 forr	3
MS. HILLYER: Objection		But you can answer.
form.		. RUANE:
THE WITNESS: While		That's a true statement,
state that you're the prior	16 isn't it?	
authorization, the reasons for		MS. HILLYER: Same
denials of prior authorization		ection.
are many, many; not just bas		THE WITNESS: That sales
diagnosis and indication. So		would not be recognized by
want to clarify that.		a or Cephalon.
²² BY MS. RUANE:		RUANE:
Q. And I appreciate that.	23 Q.	The sale wouldn't be
The practical effect of a	ζ.	zed, and Teva or Cephalon wouldn't
The practical effect of a		Lea, and Teva of Cephaton wouldn't

	D 04	J 1	D 06
	Page 94		Page 96
	receive the money, correct?	1	A. Yep.
2	A. Unless the patient paid	2	Q. So the are "local Actiq
	cash.		advocates" physicians who prescribe
4	Q. And so one of the goals, in	1	Actiq?
5	order to increase the profits, would be	5	A. Yes.
6	to utilize appeals and letters of medical	6	Q. And one of the things you
7	necessity in order to drive and increase	7	were tastica with, in your role, was to
8	the number of patients who receive, at		continue to develop those relationships,
9	this time, Actiq, correct?		correct?
10	MS. HILLYER: Objection to	10	A. Typically, working with
11	form.	1	sales teams not individually.
12	THE WITNESS: The premise	12	Q. So what you would do would
13	for driving appeals and/or		be to coordinate with the sales teams in
14	educating the staff is to ensure		order to ensure that they were developing
15	the patient had access. The		positive relationships with the
16	result of that, of course, would	16	physicians who you all considered to be
17	be Cephalon would receive a sale.		Actiq advocates?
18	BY MS. RUANE:	18	A. That's true with every
19	Q. Okay.	19	product:
20	A. Appropriate patients having	20	Q. That's also true with the
21	access.		Fentora product, correct?
22	Q. And that process has	22	A. It's true with any that's
23	continued, as far as strike that.		a standard practice in the industry.
24	Let me ask a better	24	And I'll clarify. When
	Page 95		Page 97
1	Page 95 question. The process of utilizing	1	Page 97 products may or may not be added to
1 2	_		_
2	question. The process of utilizing	2	products may or may not be added to
2	question. The process of utilizing appeals and letters of medical necessity	3	products may or may not be added to formulary, many times pain specialists
3 4	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving	3 4	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely
3 4	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving the medication continued with Fentora,	3 4	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely on those physicians we're referring to
2 3 4 5	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving the medication continued with Fentora, correct?	2 3 4 5 6	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely on those physicians we're referring to for input in the decision-making.
2 3 4 5 6	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving the medication continued with Fentora, correct? MS. HILLYER: Objection to	2 3 4 5 6	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely on those physicians we're referring to for input in the decision-making. Rarely have I ever seen or
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2 3 4 5 6 7 8	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving the medication continued with Fentora, correct? MS. HILLYER: Objection to the form. THE WITNESS: I'm trying to remember. There were various discussions around what letters of	2 3 4 5 6 7 8	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely on those physicians we're referring to for input in the decision-making. Rarely have I ever seen or heard of a pain specialist sitting on a P&T committee that ultimately makes the
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2 3 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	question. The process of utilizing appeals and letters of medical necessity in order to assist in patients receiving the medication continued with Fentora, correct? MS. HILLYER: Objection to the form. THE WITNESS: I'm trying to remember. There were various discussions around what letters of medical necessity would be available. I believe we did have them for Fentora, as I recall. BY MS. RUANE: Q. Okay. A. And mind you, letters of medical necessity are managed through our medical department, not me. Q. On Page 87, toward the very bottom, it's actually the second bullet	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	products may or may not be added to formulary, many times pain specialists are not a part of their P&T, so they rely on those physicians we're referring to for input in the decision-making. Rarely have I ever seen or heard of a pain specialist sitting on a P&T committee that ultimately makes the decision as to whether it's on formulary and what the criteria covered what the coverage criteria is. Q. So breaking that up, the P&T committee is the committee that decides whether a drug ends up on formulary, correct? A. They make a recommendation. And then there's a financial piece to it that the contracting side or the trade side of the plan makes a determination, based on the cost of the drug, et cetera. Q. So the P&T committee makes

Page 98 Page 100 Q. And Cephalon, and then Teva, O. And that was also an ² recognized that utilizing physician ² objective with the Fentora product, ³ advocates who advocate for their products correct? ⁴ was a helpful step in obtaining formulary MS. HILLYER: Asked and status for their products? 5 answered. MS. HILLYER: Objection to 6 You can answer again. 7 7 THE WITNESS: Again, going form. 8 8 back to the timeline, the majority THE WITNESS: It's a broad 9 9 of my involvement with Fentora was statement, because there's no 10 10 suggestion of -- I mean, if a plan not customer-facing. 11 decides not to cover it at all, 11 BY MS. RUANE: 12 you need an advocate to say, we 12 Q. But in your role at Teva, 13 need this product. you were aware of the fact that the goal 14 It has nothing to do with of maintaining relationships with patient 15 advocates in order to make sure there's what the indication is, or what 16 have you, at that point. somebody to advocate for Fentora on the BY MS. RUANE: formulary maintained a goal of the 17 18 Q. I'm sorry? organization, correct? 19 19 A. So what I'm trying to say A. You stated patient --²⁰ is, yes, physicians are often tasked, 20 MS. HILLYER: Objection to ²¹ with their expertise in certain specialty 21 form. ²² areas, for making -- giving opinions to 22 THE WITNESS: You stated ²³ the P&T committee, clinical -- based on 23 patient advocate. You said ²⁴ their practice. 24 patient advocate. Page 101 Page 99 Q. And the role that Teva plays ¹ BY MS. RUANE: ² in that is to maintain relationships with Q. Let me ask the question ³ those physicians? ³ again. 4 MS. HILLYER: Objection to In your role, though your ⁵ position changed, but you're aware of the 5 form. ⁶ fact that it maintained -- that Teva 6 THE WITNESS: Teva? ⁷ maintained, as a goal, to develop BY MS. RUANE: relationships with advocates for Fentora Q. And Cephalon. A. But you're -- it's a in order to, hopefully, provide somebody to advocate for the use of Fentora on the 10 broad -- I mean, who? Who in Teva? ¹¹ formulary? Q. Well, my question is, ¹² because on your managed care and A. So as I stated in previous 13 reimbursement objectives, one of your comments relative to the landscape of ¹⁴ bullet points is to continue to develop managed care, back when Actiq was ¹⁵ relationships with local Actiq advocates. promoted, many times the role of an account manager was just as you stated in 16 A. Yes. 17 Q. So my question is posed to the objectives. you because that's in a document that has 18 That evolved into a very your name on it. relatively ineffective way to have 19 20 physician advocates. It's really up to A. Okay. 21 Q. Would you agree -the sales representatives in the 22 A. That was an objective. marketplace to promote the product 23 Q. -- that was an objective? ²³ appropriately to all physicians, whether 24 ²⁴ they are KOLs or not. A. Sorry.

	o Further Confidentiality Review
Page 102	Page 104
So the practice of of an	¹ entities, correct?
² account manager personally getting to	² A. Yes.
³ know a KOL was really not the norm in the	³ Q. And the Actiq white paper
⁴ Fentora time frame.	⁴ was circulated to a certain set of
⁵ Q. So that was a shift from a	⁵ Cephalon employees, some of whom provided
⁶ practice that occurred with Actiq?	⁶ feedback, correct?
A. Yes, I would say it is.	A. I don't, truthfully, recall
8 Q. Okay.	8 this. Now that I'm reading it, it's
9 A. And yes.	⁹ familiar.
Q. All right.	Q. Okay. And you were included
	on the e-mail chain with the feedback,
12 (Whereupon, Teva-Bearer	¹² correct?
Exhibit-6,	13 A. That was routine, to be
TEVA_MDL_A_04484212-214, was	14 cc'd.
marked for identification.)	Q. I'm sorry, what did you say?
16	16 A. It was it was routine
MIS. NOAML. Thi going to	for you notice I was cc'd by Terry
nand you what's occir marked as	because I was more of the marketing.
Exhibit-6. For the record, this	So he would automatically
is TEVA_MDL_A_04484212 through 14.	²⁰ copy me on things.
21 BY MS. RUANE:	Q. And in the message below, on
Q. If you look down to the	which you're cc'd, Bill Cunningham
23 second message there, the e-mail from	23 it's the last sentence on Page 212.
²⁴ Terry Terifay.	²⁴ A. Yep.
Page 103	Page 105
Are you cc'd on this e-mail?	Q. We'll talk about the
A. The second one, yes.	² feedback itself in a minute.
³ Q. And this is referencing that	But Bill indicates,
⁴ Actiq white paper	⁴ Essentially, the reason behind the need
5 A. Okay.	5 to have the commentary section worded in
6 Q that we talked about	6 such a way is to ensure that managed care
⁷ earlier?	7 clearly understands the nature of what is
8 MS. HILLYER: Take your time	8 being discussed and does not attempt to
to look through it if you need to.	9 misconstrue or misinterpret the
THE WITNESS: Okay. Yes.	information.
11 BY MS. RUANE:	Do you see that?
Q. Terry's c-mail, on which you	A. I see that.
13 were cc'd, indicates that, in the first	Q. The goes on and tanks about
line, This document is going to be a great initiative as we roll out our 2005	the fact that he doesn't want managed
great initiative as we for our our 2005	care to attempt to turn the intent of the
tactics to address issues around	information around and possibly use it to
reimbursement for Actiq.	their own advantage.
Did I read that correctly?	Do you see that?
A. Wait a minute. This one	A. I see that.
20 here?	Q. Do you have an understanding
Sorry. I was looking	of what he meant by that?
²² yes, that's what it says. Sorry.	A. I do not.
Q. So this Actiq white paper	MS. HILLYER: Objection.
²⁴ was going to be used with managed care	Calls for speculation.

Page 108 Page 108		
2 A. No. 1 don't know. 3 A. No. 1 don't know. 4 Q. Okay. Feedback was 5 provided, below that, by Joseph I may 6 be mispronouncing it Duarte. 7 A. Correct. 8 Q. Do you know Joseph Duarte? 9 A. Yes. 10 Q. Does he have any medical or 11 pharmaceutical training, to your 12 knowledge? 13 A. I don't know. 14 Q. One of the things do you 15 know what Joseph's role was with the 16 company? 17 Actually, I say that. Look 18 on Page 214, he's listed as a national 19 account manager. 20 Q. And do you know what bucket, 21 I mean, what do you know, was he in 22 managed care? Strike that. Let me ask 23 I mean, what do you know, was he in 24 managed care? Strike that. Let me ask 25 I mean, what do you know, was he in 26 manager. 27 A. Yes. 28 Q. For managed care 3 group? 4 It that way. 4 A. Yes. National account 5 he gave a couple different suggestions. 5 One was just to omit the whole thing and 6 end that sentence with, you know, 8 Persistent pain is a prevalent form of 9 pain in patients. 10 Do you see that? 11 MS. HILLYER: Objection. I 12 just want to be clear that it 13 looks like other people may have 14 commented. And because this isn't 15 in color, it's not clear whose 16 comments are whose. 17 MS. RUANE: That's fair. 18 MS. HILLYER: But go ahead. 19 Wish and Joseph's role was with the original in patients. 19 On Page 109 10 Do you see that? 11 MS. HILLYER: Objection. I 12 just want to be clear that it 13 looks like other people may have 14 comments are whose. 15 in color, it's not clear whose 16 comments are whose. 17 MS. RUANE: Hat's fair. 18 MS. HILLYER: But go ahead. 19 BYMS. RUANE: 20 Q. So within the the only 21 that point it looks like it's an e-mail 22 just with Bill and Joc. 23 MS. HILLYER: Terry had 24 comments, it looks like, perhaps. 25 MS. HILLYER: Same same 26 objection. 26 Operation of the thing and original in patients. 27 Operation of the thing and original in patients. 28 MS. RUANE: 29 Q. To your know was the intermanager. 20 Q. For managed care? 21 Operation of the province of t	Page 106	Page 108
3 A. No, I don't know. 4 Q. Okay. Feedback was 5 provided, below that, by Joseph — I may 6 be mispronouncing it — Duarte. 7 A. Correct. 8 Q. Do you know Joseph Duarte? 9 A. Yes. 10 Q. Does he have any medical or 11 pharmaceutical training, to your 12 knowledge? 13 A. I don't know. 14 Q. One of the things — do you 15 know what Joseph's role was with the 16 company? 17 Actually, I say that. Look 18 on Page 214, he's histed as a national 19 account manager? 20 A. Yes. He was a national 21 account manager. 20 Q. And do you know what bucket, 22 I mean, what — do you know, was he in 24 managed care? Strike that. Let me ask 25 Page 109 26 A. Yes. National account 27 manager. 8 Q. For managed care? 9 out of California? 9 out of California? 10 A. Correct. 11 Q. To your knowledge — well, 12 strike that, let me ask this. 13 Joe had reviewed the Actiq 14 white paper. And under Number 2, so I'm 15 mon Page 213, in bold, he gives his 26 suggestions. And he is talking about 17 Module I. 18 It looks like it said, 19 On Page 213, in bold, he gives his 20 I also notice that the font 21 fitnesity occurring in conjunction with 22 persistent pain, is a prevalent form of 23 pain in patients. 26 One was just to omit the whole thing and 27 end that sentence with, you know, 29 Persistent pain is a prevalent form of 3 pain in patients. 3 Do you see that? 3 Joes that white whole thing and 4 end that sentence with, you know, 4 end that sentence with, you know, 5 Do was just to omit the whole thing and 6 one was just to omit the whole thing and 7 end that sentence with, you know, 4 Persistent pain is a prevalent form of 3 pain in patients. 10 Do you see that? 12 just with to be clear that it 13 just was to be clear that it 14 one was just to omit the whole thing and 6 endstatestine in pain is a prevalent form of 12 just want to be clear that it 12 just want to be clear that it 13 just with Bill and Joe. 14 hat just with Bill and Joe. 15 know was a national 16 on was just to omit the whole thing and end that sentence with, you know, as in	¹ BY MS. RUANE:	Do you see that?
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Page 110 1 pain to patients with cancer; is that 2 correct? 3 A. That's correct. 4 Q. If you'll flip the page to 5 Page 214, Number 6 there on Module 2, 6 there's a question about whether they can 7 include the Turk editorial titled, 8 Remember the Distinction Between 9 Malignant and Benign Pain? Well, forget 10 it. 11 Do you see that? 12 A. Yes, I see it. 13 Q. So those were requests made 14 by somebody within the Cephalon company, 15 as far as edits to the Actiq white paper, 16 correct? 17 MS. HILLYER: Objection to 18 the form. 19 You can answer. 20 THE WITNESS: What I don't 21 remember is if this was more or 22 less a disease state type of 23 document. I don't remember. 24 If it was, then it would 2 promotional decks or decks that would a give disease state awareness up front, 4 that's very common, and then go into the 5 product. I have examples currently that 6 I use. 7 The slides themselves and 8 I don't remember, but I'm just educating 9 you, the slides themselves, anything that 10 is nonbranded would have a different 11 template, and then transition into a branded template when you start speaking 13 about the product. 14 Q. And 15 A. So 16 Q. And you don't remember, one 17 way or another, with this Actiq white 18 paper? 19 A. I really don't, sorry. 20 Q. Based on the names included 21 on this e-mail, if you just look at Page 22 2, I think all the names are included in 23 the July 20th, 2004 portion of the 24 e-mail, on Page 212, where Terry sends it 25 promotional decks or decks that would 26 promotional decks or decks that would a give disease state awareness up front, 4 that's very common, and then go into the 5 product. I have examples currently that 6 I use. 7 The slides themselves, anything that 10 is nonbranded would have a different 11 template, and then transition into a 12 branded template when you start speaking 13 about the product. 14 Q. And 15 Q. So those were requests made 15 use. 16 Q. And y 17 MS. HILLYER: Objection to 18 paper? 19 A. I really don't, sorry. 20 Q. Based on t
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24 If it was, then it would 24 e-mail, on Page 212, where Terry sends it Page 111 Page
Page 111 Page
Page 111 Page
make sense to have a distinction, out and ce's you, can you ten me, bused
you know, between there's on your knowledge, whether anyone on the
manghant and nonmanghant pain, c man has any medical training as a
more of an education. That's what physician or a pharmacist?
5 I don't remember. 5 A. I know for a fact Susan
6 So just looking at this, I 6 Larijani does, she's in medical services.
7 can't answer your question 7 I don't know the background of Joe, other
8 specifically. 8 than my relationship with him at
⁹ BY MS. RUANE: ⁹ Cephalon.
Q. We know it's titled, The
¹¹ Actiq White Paper ¹¹ believe has medical. Nor Bill.
A. Yes. 22 Q. Do you happen to know what
Q right? Susan's training is?
14 Is that correct? 14 A. No.
15 A. Yes. 15 MS. RUANE: I'm going to
Q. And so the Actiq white hand you Exhibit-7, which, for the
17 paper 17 record, is TEVA_MDL_A_04478352
18 A. Okay. 18 through 356.
19 Q would reference the drug
20 Actiq rather than a more general disease 20 (Whereupon, Teva-Bearer
21 state. 21 Exhibit-7,
Do you agree? 22 TEVA_MDL_A_04478352-356, was
A. I think if without seeing marked for identification.)
24 the deck itself in the context of the
the deca itself in the context of the

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Page 114	
MS. HILLYER: This is 7, you	¹ cancer patients?
said?	MS. HILLYER: Objection to
MS. RUANE: Yes.	form.
⁴ BY MS. RUANE:	THE WITNESS: Again, I would
Q. This is a follow-up e-mail.	love to see the final deck,
Susan indicates, on the	because these are only
⁷ first page in the first sentence, Q and I	7 recommendations.
8 have reviewed your collective comments	8 BY MS. RUANE:
⁹ and I have incorporated most of them in	9 Q. We'll get there.
to the final document.	A. Good. Decause I don't
Do you see that:	11 I'm answering you based on what I'm
A. Tuo.	12 seeing here. 13 I'm assuming the highlight
Q. Do you have any faca who Q	Till ussuming the nightight
14 is?	is included in the revision, so she added
71. Wicdical director.	15 it back in. Because it seems like the
Q. And that would have been the	last one was a deletion if it was highlighted or no?
medical director for	inginighted, or no:
71. I am.	Q. Tes. That's correct. There
Q. 1 am.	were several options. The one it appears they
What's Q's full name? A. It's in the cc at the top.	The one it appears they landed on referenced a prevalent form of
They called him Q, but it's K-I-U-M	22 pain in patients with malignant and
23 Q. Got it.	23 nonmalignant diseases, correct?
So for the record, that's	A. That would be appropriate in
50 for the record, that's	A. That would be appropriate in
Page 115	
¹ K-I-U-M-A-R-S; last name, V-A-D-I-E-I?	¹ the disease state slide, for example.
¹ K-I-U-M-A-R-S; last name, V-A-D-I-E-I? ² A. Correct.	 the disease state slide, for example. Q. And you would agree that
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to 	 the disease state slide, for example. Q. And you would agree that that revision references disease states
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct?
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. Q. In any event, in this 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct? A. That's what it states.
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. Q. In any event, in this document Susan includes, for example, on 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct? A. That's what it states. Q. Okay. So my statement is
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. Q. In any event, in this document Susan includes, for example, on Number 2, Subparagraph D, what the 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct? A. That's what it states. Q. Okay. So my statement is correct?
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. Q. In any event, in this document Susan includes, for example, on Number 2, Subparagraph D, what the revision is going to be. 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct? A. That's what it states. Q. Okay. So my statement is correct? A. Yes.
 K-I-U-M-A-R-S; last name, V-A-D-I-E-I? A. Correct. Q. I'm not going to try to pronounce that. A. That's why he was called Q. Q. In any event, in this document Susan includes, for example, on Number 2, Subparagraph D, what the revision is going to be. Do you see that? 	 the disease state slide, for example. Q. And you would agree that that revision references disease states beyond the scope of breakthrough cancer pain, correct? A. That's what it states. Q. Okay. So my statement is correct? A. Yes. Q. Under Module 2, it's
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	ignify confidencial babyees ex	o further confidentiality Review
	Page 118	Page 120
1	form?	¹ requesting the addition of Dr. Tennant's
2	A. Correct.	² study to the Actiq white paper. And that
3	Q. So this document references	³ study is entitled, The Use of Oral
4	the use of opioids for the management of	⁴ Transmucosal Fentanyl Citrate for
5	nonmalignant pain, correct?	⁵ Breakthrough Pain in Severe, Nonmalignant
6	A. Yep. Yes.	⁶ Chronic Pain.
7	Q. So that is not just a	Do you see that?
8	disease state presentation, correct?	8 A. I do.
9	MS. HILLYER: Objection to	⁹ Q. And so is that consistent
10	form.	with your memory that the Actiq white
11	THE WITNESS: I don't know.	papers would provide medical studies?
12	BY MS. RUANE:	A. So I remember I stated
13	Q. It is referencing, you would	¹³ earlier, I don't recall a lot of detail
14	agree, the use of opioids, correct?	about the white paper.
15	A. Yes.	After reading this, when I
16	Q. And it's referencing the use	see professional services, that would
17	of opioids for management of nonmalignant	come from our medical side, which is
18	pain, correct?	where Susan Larijani resided. Therefore,
19	A. Yes.	this is not a promotional piece.
20	Q. And you would agree that	Q. Am I understanding you
21	that's referencing the use of opioids for	²¹ correctly that what you're saying is the
22		²² Actiq white paper is not a promotional
	pain, correct?	²³ piece?
24	A. Opioids in general, yes.	A. Right. Based on my
	71. Optotas in general, yes.	71. Right. Bused on my
_		
	Page 119	Page 121
1	Q. In an Actiq white paper,	¹ recollection now, after referring to
2	Q. In an Actiq white paper, right?	 recollection now, after referring to professional services. And, typically,
2 3	Q. In an Actiq white paper, right? A. That's what I'd like yes.	 recollection now, after referring to professional services. And, typically, anything coming from professional
2 3 4	Q. In an Actiq white paper, right? A. That's what I'd like yes. Yes.	 recollection now, after referring to professional services. And, typically, anything coming from professional services would be upon request,
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	Page 122		Page 124
	white paper was not a promotional piece	1	Q. Do that would maleate that
2	is that it was not used by you or others	2	this is a promotional piece that you or
3	when you're calling upon managed care	3	your team are going to use to present to
4	entities?	4	a managed care audience, correct?
5	A. Correct.	5	A. Yep.
6	Q. Okay. Great.	6	Q. And your thoughts on that,
7		7	you define below.
8	(Whereupon, Teva-Bearer	8	There are four topics that
9	Exhibit-9,	9	the slides could be broken into, which
10	TEVA_MDL_A_04426360-362, was	10	you include there as defining pain,
11	marked for identification.)	11	economic impact of pain, pain management
12		12	and Actiq, correct?
13	MS. RUANE: I'm going to	13	A. Yep.
14	hand you what's been marked as	14	Q. And you indicate, The story
15	Exhibit-9. This is, for the	15	should be built around the objective of
16	record, TEVA_MDL_A_04426360	16	explaining why providers want to or
17	through 362.	17	should have access to Actiq.
18	BY MS. RUANE:	18	Do you see that?
19	Q. This is an e-mail chain	19	A. Yep.
20	between you and Bill Cunningham, correct?	20	Q. And this is an e-mail that
21	A. Yeah.	21	you drafted, correct?
22	Q. Who is Bill Cunningham?	22	A. Yep.
23	A. My manager.	23	Q. And so your plan was to
24	Q. And what was his title?	24	provide a slide set promoting the use of
		1	
	Page 123		Page 125
1	_	1	_
1 2	A. Probably director of market	1 2	Actiq by providers, correct?
	A. Probably director of market access. We had various titles.	2	Actiq by providers, correct? That's a bad question. Let
2 3	A. Probably director of market access. We had various titles.Q. It looks like did you and	2	Actiq by providers, correct? That's a bad question. Let me ask it differently.
2 3	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place?	3	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed
2 3 4	A. Probably director of market access. We had various titles.Q. It looks like did you and	3	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the
2 3 4 5	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California.	2 3 4 5	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers
2 3 4 5 6	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California.	2 3 4 5 6	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing,
2 3 4 5 6 7	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were	2 3 4 5 6 7	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers
2 3 4 5 6 7 8	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care	2 3 4 5 6 7 8	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will
2 3 4 5 6 7 8	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct?	2 3 4 5 6 7 8	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization,
2 3 4 5 6 7 8 9	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes.	2 3 4 5 6 7 8 9	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization,
2 3 4 5 6 7 8 9 10	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a	2 3 4 5 6 7 8 9 10	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about
2 3 4 5 6 7 8 9 10 11 12	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct?	2 3 4 5 6 7 8 9 10 11	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior
2 3 4 5 6 7 8 9 10 11 12	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes.	2 3 4 5 6 7 8 9 10 11 12 13	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization.
2 3 4 5 6 7 8 9 10 11 12 13	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line	2 3 4 5 6 7 8 9 10 11 12 13	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line of your e-mail on Page 361	2 3 4 5 6 7 8 9 10 11 12 13 14	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question? Q. Let me ask first, you're
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line of your e-mail on Page 361 A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question? Q. Let me ask first, you're presenting, at this time, to managed care
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line of your e-mail on Page 361 A. Yes. Q Bill, I wanted to follow	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question? Q. Let me ask first, you're presenting, at this time, to managed care entities in order to educate them about
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line of your e-mail on Page 361 A. Yes. Q Bill, I wanted to follow up with you about the managed care Actiq presentation. I think there's a lot of great information in these slides and I'm sure we can consolidate them to address a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Actiq by providers, correct? That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question? Q. Let me ask first, you're presenting, at this time, to managed care entities in order to educate them about Actiq and why providers, healthcare providers, either want to or should have access to Actiq, correct? A. For their patients, correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Probably director of market access. We had various titles. Q. It looks like did you and Bill office in the same place? A. Bill was located in California. Q. It looks like you were e-mailing Bill to discuss a managed care Actiq presentation, correct? A. Yes. Q. And so that would be a promotional piece, correct? A. If I'm presenting it, yes. Q. You write, in the first line of your e-mail on Page 361 A. Yes. Q Bill, I wanted to follow up with you about the managed care Actiq presentation. I think there's a lot of great information in these slides and I'm sure we can consolidate them to address a managed care audience.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	That's a bad question. Let me ask it differently. You were speaking to managed care entities who are evaluating the prescriptions for Actiq that prescribers out in the field are prescribing, correct, to determine whether they will be authorized and reimbursed? A. Under prior authorization, is that we talked before about formulary access versus prior authorization. So what is your question? Q. Let me ask first, you're presenting, at this time, to managed care entities in order to educate them about Actiq and why providers, healthcare providers, either want to or should have access to Actiq, correct? A. For their patients, correct. Q. For their patients.

	Page 126		Page 128
1	that, if things go your way.	1	does pain look like, correct?
2	One of them would be that	2	A. Yep.
3	the managed care entity expands the	3	Q. And you paint the picture,
	criteria that they would use in order to	4	pain is pain, correct?
	authorize use of Actiq?	5	A. Yes, I do.
6	MS. HILLYER: Objection to	6	Q. And so you were using the
7	form.	7	phrase "pain is pain," while promoting
8	THE WITNESS: You're	8	Actiq to managed care entities, correct?
9	implying that the Actiq coverage	9	MS. HILLYER: Objection to
10	was not broad. You're making a	10	form. Mischaracterizes the
11	broad statement. Each plan had	11	document.
12	different coverage criteria.	12	THE WITNESS: That is not
	BY MS. RUANE:	13	what that says.
14		14	BY MS. RUANE:
	Q. Were there plans who had	15	
	coverage criteria just for breakthrough	16	Q. Your proposal for the slides
17	cancer pain?	17	to be used in the promotion of Actiq to
18	A. Yes.	18	managed care entities included the phrase
	Q. And one of things that you		"pain is pain," correct?
	were doing, when you were promoting Actiq	19 20	MS. HILLYER: Objection to
	to the managed care entities,		form. Same objection.
	particularly those whose indication was	21	THE WITNESS: This is a
	for breakthrough cancer pain, was an	22	recommendation on building a slide
	attempt to educate them to expand beyond	23	set. There's nothing in this
24	breakthrough cancer pain, correct?	24	document that said anyone would
	Page 127		Page 129
1	MS. HILLYER: Objection to	1	say "pain is pain."
2	form.	2	BY MS. RUANE:
3	THE WITNESS: It was to	3	Q. But you're in referencing
4	educate them on pain and it		Q. But you're in referencing
	educate them on pam and it	4	- · ·
5	•	4 5	what your goal was for what the slide set
5 6	was, basically, again, talking	5	what your goal was for what the slide set would convey to managed care entities,
6	•	5	what your goal was for what the slide set would convey to managed care entities, you define it as painting the
6	was, basically, again, talking about pain management. BY MS. RUANE:	5	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct?
6 7 8	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were	5 6 7 8	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document,
6 7 8 9	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond	5 6 7 8	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes.
6 7 8 9	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct?	5 6 7 8 9	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there
6 7 8 9 10	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information,	5 6 7 8 9	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and
6 7 8 9 10	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management.	5 6 7 8 9 10 11	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct?
6 7 8 9 10 11 12	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my	5 6 7 8 9 10 11	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes.
6 7 8 9 10 11 12 13	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were	5 6 7 8 9 10 11 12	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to
6 7 8 9 10 11 12 13 14	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond	5 6 7 8 9 10 11 12 13	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it?
6 7 8 9 10 11 12 13 14	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct?	5 6 7 8 9 10 11 12 13 14 15	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No.
6 7 8 9 10 11 12 13 14 15	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct.	5 6 7 8 9 10 11 12 13 14 15 16	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there
6 7 8 9 10 11 12 13 14 15 16 17 18	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in	5 6 7 8 9 10 11 12 13 14 15 16 17	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP.
6 7 8 9 10 11 12 13 14 15 16 17 18 19	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in particular that you're proposing, you	5 6 7 8 9 10 11 12 13 14 15 16 17 18	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP. That references breakthrough
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in particular that you're proposing, you start with the overall economic impact of	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP. That references breakthrough pain, right?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in particular that you're proposing, you start with the overall economic impact of pain	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP. That references breakthrough pain, right? A. Yes.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in particular that you're proposing, you start with the overall economic impact of pain A. Yep.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP. That references breakthrough pain, right? A. Yes. Q. And BTCP references
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	was, basically, again, talking about pain management. BY MS. RUANE: Q. Okay. And you were educating them on pain well beyond breakthrough cancer pain, correct? A. General pain information, pain management. Q. And so the answer to my question would be, yes, you were educating them on pain beyond breakthrough cancer pain, correct? A. Correct. Q. In this slide set in particular that you're proposing, you start with the overall economic impact of pain	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	what your goal was for what the slide set would convey to managed care entities, you define it as painting the picture-pain is pain, correct? A. Based on this document, that's what it says, yes. Q. And you include in there various types of pain, acute, chronic and breakthrough, correct? A. Yes. Q. And that is not limited to breakthrough cancer pain, is it? A. No. Q. You also reference there BTP. That references breakthrough pain, right? A. Yes.

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	Page 130 Page 1
Q. So there is a distinction	
² between the two acronyms, BTP	-
³ right?	³ is pain, regardless of the underlying
⁴ A. Yes.	⁴ condition, correct?
⁵ Q. The C stands for cancer	r? A. What this states is we don't
⁶ A. Correct.	⁶ treat the underlying condition. We're
⁷ Q. And within the compan	ny, it 7 not treating the underlying condition.
⁸ was understood that BTP meant	⁸ Q. But the conclusion is pain
⁹ breakthrough pain and BTCP me	eant ⁹ is pain, correct?
¹⁰ breakthrough cancer pain, correc	et? A. Yes, that's what it says.
¹¹ MS. HILLYER: Objecti	ion. 11 Q. Because whether what
Objection to form.	¹² you're suggesting there is you show
¹³ BY MS. RUANE:	13 studies for each to indicate that whether
Q. In your experience with	h the 14 you're treating breakthrough cancer pain
15 company, you would use the phr	rase BTP to 15 or another type of pain, what you're
¹⁶ reference breakthrough pain and	BTCP to 16 treating is the pain itself, correct?
¹⁷ reference breakthrough cancer pa	ain, A. Treating pain, correct.
18 correct?	Q. And that is a discussion of
¹⁹ MS. HILLYER: Objecti	ion to 19 the use of Actiq for something other than
²⁰ form.	²⁰ breakthrough cancer pain, correct?
THE WITNESS: BTP, v	we MS. HILLYER: Objection to
often in this situation, this	the form. Mischaracterizes the
shows the two, but oftentime	es we 23 document.
got a little lazy with the BTF	P, THE WITNESS: Why don't you
	Page 121 Page 1
1 breakthrough pain. And it d	Page 131 Page 1
breakthrough pain. And it d	lidn't state it a different way?
suggest that it wasn't if it	lidn't ¹ state it a different way? ² BY MS. RUANE:
 suggest that it wasn't if it was referencing the product, 	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure.
 suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't 	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication.	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE:	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I 7 read that correctly?
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here.	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I 7 read that correctly? 8 A. Yes, you did.
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I 7 read that correctly? 8 A. Yes, you did. 9 Q. So what we're talking about
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh	lidn't 1 state it a different way? 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I 7 read that correctly? 8 A. Yes, you did. 9 Q. So what we're talking about 10 with this document that you also referred
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and	lidn't 2 BY MS. RUANE: 3 Q. Sure. 4 The title that's in bold and 5 underlined there, Why Providers Want to 6 (Or Should) Have Access to Actiq, did I 7 read that correctly? 8 A. Yes, you did. 9 Q. So what we're talking about 10 with this document that you also referred 1 BTCP, 1 to as a managed care Actiq presentation
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr	lidn't 1
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr cancer pain, correct?	lidn't 1
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr cancer pain, correct? A. Yes, that's what I stated	lidn't 1
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suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr cancer pain, correct? A. Yes, that's what I stated Q. I'm sorry. Do you need take a break? A. No, I was a little worrie	lidn't 1
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr cancer pain, correct? A. Yes, that's what I stated Q. I'm sorry. Do you need take a break? A. No, I was a little worrie about this getting caught. Sorry. Q. You indicate, Show stu	lidn't 1
suggest that it wasn't if it was referencing the product, didn't suggest that it wasn't relevant to the indication. BY MS. RUANE: Q. Here A. Here. Q you make the point o distinguishing between BTP, wh to define breakthrough pain, and which you use to define breakthr cancer pain, correct? A. Yes, that's what I stated Q. I'm sorry. Do you need take a break? A. No, I was a little worrie about this getting caught. Sorry. Q. You indicate, Show stu	lidn't 1
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	Dama 124	Т	Dana 126
1	Page 134	1	Page 136
	use of Actiq for something other than		plans were not experts on pain
3	breakthrough cancer pain, correct?		management. The majority of products
4	A. Based on	3	available for pain management were
5	MS. HILLYER: Object to the	±	generics, and plans don't pay a whole lot
	form.	5	of attention until branded products are
6	BY MS. RUANE:	6	available.
	Q. That's a correct statement?	,	And with Actiq, it was
8	A. Based on what I'm reading.	۵	highly managed across the board, it
10	I have no recollection as to whether we	10	evolved into that situation. Ultimately,
	actuary put this accidence. May be	10	with Fentora it was the same way.
12	you have a copy of it.		Q. So with this presentation,
1	It may not have it may		your proposal was to present to managed
13	not have ended up going through our	13	care entities advocating or explaining
	approval process in this format. So I	14	why providers want to or should have
16	don't know.	15 16	access to Actiq for something other than
17	Q. So my question is a little	17	breakthrough cancer pain, correct?
18	different, just based on this document.	18	MS. HILLYER: Objection to
19	A. Sure.	19	form.
20	Q. And I understand the	20	THE WITNESS: I prefer the
21	distinction. I appreciate that. A. Okay.		word "explaining." BY MS. RUANE:
22	, and the second se	22	
	Q. What you were proposing, on October 15th, 2004, was a managed care	23	Q. Then let me ask it again. The managed care Actiq
	Actiq presentation to promote the use of		presentation that you were describing
	Dogg 125		Dog 127
	Page 135		Page 137
	Actiq for something other than		here was a proposal to explain to managed
2	Actiq for something other than breakthrough cancer pain, utilizing the	2	here was a proposal to explain to managed care entities why providers want to or
2	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct?	3	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something
3 4	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction	3 4	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain,
2 3 4 5	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not	2 3 4 5	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct?
2 3 4 5 6	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a	2 3 4 5 6	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states.
2 3 4 5 6 7	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not	2 3 4 5 6 7	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct
2 3 4 5 6 7 8	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just	2 3 4 5 6 7 8	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement?
2 3 4 5 6 7 8	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available.	2 3 4 5 6 7 8	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says.
2 3 4 5 6 7 8 9	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move	2 3 4 5 6 7 8 9	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay.
2 3 4 5 6 7 8 9 10	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say	2 3 4 5 6 7 8 9 10	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right.
2 3 4 5 6 7 8 9 10 11 12	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said	2 3 4 5 6 7 8 9 10 11 12	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break.
2 3 4 5 6 7 8 9 10 11 12 13	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and	2 3 4 5 6 7 8 9 10 11 12 13	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off
2 3 4 5 6 7 8 9 10 11 12 13	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria.	2 3 4 5 6 7 8 9 10 11 12 13	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria. As a result of this, many patients who doctors deemed appropriate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off the record. 11:39 a.m.
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2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria. As a result of this, many patients who doctors deemed appropriate were on medications such as Actiq for what they deemed appropriate, whether it be noncancer pain, and that's their prerogative.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off the record. 11:39 a.m. (Whereupon, a brief recess was taken.) VIDEO TECHNICIAN: We're back on record at 11:51 a.m.
2 3 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria. As a result of this, many patients who doctors deemed appropriate were on medications such as Actiq for what they deemed appropriate, whether it be noncancer pain, and that's their prerogative. So this was an effort,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off the record. 11:39 a.m. (Whereupon, a brief recess was taken.) VIDEO TECHNICIAN: We're back on record at 11:51 a.m. BY MS. RUANE:
2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria. As a result of this, many patients who doctors deemed appropriate were on medications such as Actiq for what they deemed appropriate, whether it be noncancer pain, and that's their prerogative. So this was an effort, albeit looking at it now, I don't know if	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off the record. 11:39 a.m. (Whereupon, a brief recess was taken.) VIDEO TECHNICIAN: We're back on record at 11:51 a.m. BY MS. RUANE: Q. I'm going to hand you
2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Actiq for something other than breakthrough cancer pain, utilizing the phrase "pain is pain," correct? A. I want to make a distinction between promote health plans do not prescribe medications. This was at a time in which, early on, Actiq was not managed by plans, often it was just available. There was a trend to move towards managing and when I say "manage," I'm talking about what we said earlier, prior authorizations and criteria. As a result of this, many patients who doctors deemed appropriate were on medications such as Actiq for what they deemed appropriate, whether it be noncancer pain, and that's their prerogative. So this was an effort,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	here was a proposal to explain to managed care entities why providers want to or should have access to Actiq for something other than breakthrough cancer pain, correct? A. That's what it states. Q. You agree? That's a correct statement? A. That's exactly what it says. Q. Okay. MS. RUANE: All right. Let's take a quick break. VIDEO TECHNICIAN: Going off the record. 11:39 a.m. (Whereupon, a brief recess was taken.) VIDEO TECHNICIAN: We're back on record at 11:51 a.m. BY MS. RUANE:

Page 138	Page 140
¹ (Whereupon, Teva-Bearer	¹ MS. HILLYER: Go ahead.
² Exhibit-10,	THE WITNESS: I'm sorry,
³ TEVA_MDL_A_10105779-782, was	you're asking me to look at the
4 marked for identification.)	4 list the roster?
5	5 BY MS. RUANE:
6 MS. RUANE: For the record,	6 Q. You see your name is on the
this is TEVA_MDL_A_10105779	7 list of people to receive an Actiq
8 through 782.	8 dossier?
9 MS. HILLYER: Are they	9 A. Yes.
different	Q. On the second page, 780, the
MS. RUANE: Those are I'm	last sentence of the first paragraph
sorry. And then so the	MS. HILLYER: Take your time
native if you look at 782, it's	to look through it, if you need
the native attachment for the	to look through it, it you need to.
sheets behind that. They are the	15 BY MS. RUANE:
exhibits or the attachments to	Q indicates, There have
the e-mail. Does that make sense?	been some updates to the Provigil white
MS. HILLYER: Yes.	paper and we have arranged for all the
19 MS. RUANE: Okay.	19 NAMs to receive copies of the Provigil
THE WITNESS: Okay.	²⁰ and Actiq white paper.
²¹ BY MS. RUANE:	Do you see that?
²² Q. This is quick.	A. Yes.
This is an e-mail showing	Q. So let me hand you
²⁴ that all the NAMs should receive a copy	24 Exhibit-11.
Page 139	Page 141
¹ of the Actiq MCO dossier.	1
Do you see that?	² (Whereupon, Teva-Bearer
3 A. Yes.	³ Exhibit-11, TEVA_CHI_00036903-930,
4 Q. What are NAMs?	was marked for identification.)
5 A. National account managers.	5
6 Q. And at that point, you were	6 MS. HILLYER: Are we done
⁷ a national account manager, in 2006?	⁷ with 10?
8 A. No.	8 MS. RUANE: I think so.
⁹ Q. No, you weren't.	⁹ For the record, this is
- · · · · · · · · · · · · · · · · · · ·	
A. I was a Illallager.	TEVA CHI 00036903 through 930.
A. I was a manager.	TEVA_CHI_00036903 through 930. BY MS. RUANE:
Q. Got it.	¹¹ BY MS. RUANE:
Q. Got it. You'll see on the	¹¹ BY MS. RUANE:
Q. Got it. You'll see on the	11 BY MS. RUANE: 12 Q. This is an Actiq managed
Q. Got it. You'll see on the attachments, just to the extent it's	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes.
Q. Got it. You'll see on the attachments, just to the extent it's helpful to you	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes.
Q. Got it. You'll see on the attachments, just to the extent it's helpful to you A. Yes.	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes. 15 Q. Are you familiar with this
Q. Got it. You'll see on the attachments, just to the extent it's helpful to you A. Yes. Q you're listed on both of	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes. 15 Q. Are you familiar with this 16 type of document? 17 A. Yes.
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Q. Got it. You'll see on the attachments, just to the extent it's helpful to you A. Yes. Q you're listed on both of them. Those are the attachments for the individuals who should receive a copy of the Actiq dossier.	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes. 15 Q. Are you familiar with this 16 type of document? 17 A. Yes. 18 Q. These are documents provided 19 to managed care entities?
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Q. Got it. You'll see on the attachments, just to the extent it's helpful to you A. Yes. Q you're listed on both of them. Those are the attachments for the individuals who should receive a copy of the Actiq dossier. Do you see that?	11 BY MS. RUANE: 12 Q. This is an Actiq managed 13 care dossier, correct? 14 A. Yes. 15 Q. Are you familiar with this 16 type of document? 17 A. Yes. 18 Q. These are documents provided 19 to managed care entities? 20 A. Upon request of medical 21 services.

1	ighly Confidential - Subject to		
1	Page 142		Page 144
_	be provided to them, correct?	1	A. 2, got it.
2	A. Through medical services,	2	Q. This document indicates, in
3	correct.	3	that last paragraph, Breakthrough pain,
4	Q. I assume that there were	4	defined as a transitory flare of
5	times where managed care entires would	5	moderate-to-severe pain that occurs in
	request, un ough medical services, a copy	6	patients with otherwise stable,
	of the dossier, which is why it was	7	controlled, persistent pain, is a
	created?	8	prevalent form of pain in patients with
9	A. Correct.	9	malignant and nonmalignant diseases.
10	Q. This was the Actiq dossier,	10	Do you see that?
11	correct.	11	A. Yes.
12	A. That's what it says, yes.	12	Q. I'm looking back at 7.
13	Q. And I'll tell you, there's	13	MS. HILLYER: Do you want
	three modules, they are divided up.	14	her to?
15	A. I haven't seen this in	15	MS. RUANE: Yes.
	years, so I'm glad you told me that.		BY MS. RUANE:
17	Q. You would have seen it at	17	Q. If you'll pull up Exhibit-7
18	the time, correct.	18	as well.
19	A. If it was sent to me, I saw	19	MS. HILLYER: Give me a
20	it, yes.	20	second, please.
21	Q. And in your interactions	21	Okay, we're there.
	with managed care entities during this		BY MS. RUANE:
	time frame, you would have spoken with	23	Q. Exhibit-7 was an e-mail
24	them about the dossier, if they had	24	chain regarding feedback on the Actiq
	Page 143		Page 145
1	requested it, correct?	1	white paper.
2	MS. HILLYER: Objection to	2	Do you see that?
3	form. Assuming facts not in	3	A. Yes.
4	evidence.	4	Q. And the suggestion, under
5	THE WITNESS: No. No. They	5	Module 1, which we're looking at Module
6	would have if they asked for a	6	1, right?
7	dossier, we would send in a	7	A. So based on what I'm seeing
8	request to medical services,	8	here today, these are two different
9	period. That's all you can say.	9	two different pieces.
10	You're not allowed to discuss	10	This is a dossier. This is
11	what's in the dossier. It's not a		a white paper.
12	promotional piece.	12	Q. Okay. That's I'm going
13	BY MS. RUANE:		to ask you
14	Q. I'm sorry, what did you say	14	A. As I recall. I mean, we
		15	would not call a dossier a white paper.
15	about promotional piece?	7 -	
16	A. This is not a promotional	16	Q. So I want to make sure I'm
16 17	A. This is not a promotional piece. This is a medical piece.	17	clear on something as it relates to that.
16 17 18	A. This is not a promotionalpiece. This is a medical piece.Q. And in this document, on the	17 18	clear on something as it relates to that. On Number 2, this Actiq
16 17 18 19	A. This is not a promotional piece. This is a medical piece. Q. And in this document, on the second page there's little page	17 18 19	clear on something as it relates to that. On Number 2, this Actiq white paper feedback e-mail
16 17 18 19 20	A. This is not a promotional piece. This is a medical piece. Q. And in this document, on the second page there's little page numbers at the bottom, I'm going to use	17 18 19 20	clear on something as it relates to that. On Number 2, this Actiq white paper feedback e-mail A. Yes.
16 17 18 19 20 21	A. This is not a promotional piece. This is a medical piece. Q. And in this document, on the second page there's little page numbers at the bottom, I'm going to use those, just for ease of reference.	17 18 19 20 21	clear on something as it relates to that. On Number 2, this Actiq white paper feedback e-mail A. Yes. Q if you look at Number 2D,
16 17 18 19 20 21 22	A. This is not a promotional piece. This is a medical piece. Q. And in this document, on the second page there's little page numbers at the bottom, I'm going to use those, just for ease of reference. A. I see. And what page did	17 18 19 20 21 22	clear on something as it relates to that. On Number 2, this Actiq white paper feedback e-mail A. Yes. Q if you look at Number 2D, the revision that they ended up with
16 17 18 19 20 21 22	A. This is not a promotional piece. This is a medical piece. Q. And in this document, on the second page there's little page numbers at the bottom, I'm going to use those, just for ease of reference.	17 18 19 20 21	clear on something as it relates to that. On Number 2, this Actiq white paper feedback e-mail A. Yes. Q if you look at Number 2D,

Page 146 Page 148 ¹ looking at Exhibit-7 right now, so we're ¹ another. So I can't really comment. ² talking about the white paper, right? Q. But what we do know, because ³ we have the documents before us, is that A. Yes. Q. And it indicates, ⁴ the Exhibit-11, the dossier, references ⁵ Breakthrough pain, defined as a transient ⁵ breakthrough pain as a prevalent form of ⁶ flare in pain of moderate-to-severe pain in patients with malignant and ⁷ intensity occurring in conjunction with nonmalignant diseases, correct? persistent pain, is a prevalent form of A. Yes. pain in patients with malignant and Q. And based on Exhibit-7, we nonmalignant diseases. also know that, at least the feedback for 11 the Actiq white paper, and the conclusion Correct? 12 A. That's what it says. that Susan, in medical services, reached 13 Q. Okay. And that's the same ¹³ was to reference breakthrough pain as a ¹⁴ language that's included in the dossier, prevalent form of pain in patients with correct? malignant and nonmalignant diseases, 16 correct? MS. HILLYER: Objection to 17 17 form. It's not. I mean, it's A. Yes. 18 18 Q. Okay. Just a few more not. questions on Exhibit-11. 19 BY MS. RUANE: 20 20 Q. With the exception of On Page 10 of Exhibit-11, "transitory" to "transient"? the second -- or, I guess, the first full MS. HILLYER: There's some paragraph starts, For many patients. 23 different wording, but --Do you see that? 23 24 A. I do see that. ²⁴ BY MS. RUANE: Page 147 Page 149 Q. Let's look just at the part Q. And the first sentence there ² that references, Patients with malignant says, For many patients, no causative ³ and nonmalignant diseases. ³ factor can be found for the chronic pain The phrase "patients with and no specific diagnosis can be made. ⁵ malignant and nonmalignant diseases" Do you see that? ⁶ appears in both Exhibit-7 and 11, A. Yes. ⁷ correct? Q. Do you agree that is not referencing breakthrough cancer pain, A. It's unfortunate -- correct. ⁹ It's unfortunate these aren't referenced, correct? ¹⁰ because in many documents you'll have 10 A. It does not mention ¹¹ inconsistent approaches to the way -- I breakthrough cancer pain. mean, in anything, as long as it's Q. It mentions chronic pain ¹³ sourced. with no causative factor found, correct? 14 14 This is a very old dossier A. Correct. ¹⁵ layout. Currently, you have to annotate Q. If you go on in the middle ¹⁶ the entire thing and then you have ¹⁶ of the paragraph, there's a sentence that ¹⁷ actual, you know, verbatim. So this was starts, However, experts in pain 18 sort of in the beginning. This is not management have recommended that the 19 the traditional format that is used primary goal of patient care for these ²⁰ today. So I will just say that part. patients should be symptom control, 21 So it wouldn't be uncommon including the use of opioids where ²² for one document to have -- as long -appropriate. 23 ²³ because definition can come from one Do you see that? ²⁴ source but reads differently than 24 A. Yes.

	Page 150		Page 152
1	Q. And then the next there's	1	chronic pain medications, which
2	citations.	2	sometimes included opioids. So
3	So there were some cites in	3	this is all true.
4	this white paper?	4	This is more about chronic
5	A. I see that. I see that.	5	pain and then, hopefully, it will
6	Q. In the dossier, excuse me.	6	get to start talking about
7	A. Yeah. Good.	7	breakthrough pain.
8	Q. And then it references,	8	But these are chronic pain
9	Several professional organizations have	9	patients who have been on a
10	published guidelines to guide	10	long-acting OxyContin, something
11	practitioners in this area.	11	of that nature, and they have
12	Do you see that?	12	breakthrough episodes of which the
13	A. I see that.	13	short-actings are appropriate.
14	Q. And it references	14	So, to me, this is just
15	specifically the American Academy of Pain	15	setting the stage in general, in
16	Medicine, the American Pain Society, and	16	my interpretation.
17	the Federation of State Medical Boards of	17	BY MS. RUANE:
18	the United States.	18	Q. And it is referring to
19	Do you see that?	19	patients who have that chronic pain but
20	A. I see that.	20	do not have cancer, correct?
21	Q. So based on Exhibit-11, we	21	A. It's a general statement
22	know that Cephalon, in its dossier, was	22	_
	-	23	Q. Yes.
	part of the support for the proposition	24	But the beginning paragraph
	Page 151		Page 153
	_		1 agc 133
1	that natients with no causative factor	1	discusses the fact that these are
	that patients with no causative factor for their chronic pain should be treated		discusses the fact that these are
2	for their chronic pain should be treated		patients where no causative factor can be
	for their chronic pain should be treated with opioids?	3	patients where no causative factor can be found for their chronic pain and no
3	for their chronic pain should be treated with opioids? MS. HILLYER: Objection to	3 4	patients where no causative factor can be found for their chronic pain and no specific diagnosis can be made, correct?
3	for their chronic pain should be treated with opioids? MS. HILLYER: Objection to form. Mischaracterizes the	3 4	patients where no causative factor can be found for their chronic pain and no specific diagnosis can be made, correct? A. That's what it states.
2 3 4 5	for their chronic pain should be treated with opioids? MS. HILLYER: Objection to form. Mischaracterizes the document.	2 3 4 5 6	patients where no causative factor can be found for their chronic pain and no specific diagnosis can be made, correct? A. That's what it states. THE WITNESS: Are we
2 3 4 5 6	for their chronic pain should be treated with opioids? MS. HILLYER: Objection to form. Mischaracterizes the document. THE WITNESS: You'll have to	2 3 4 5	patients where no causative factor can be found for their chronic pain and no specific diagnosis can be made, correct? A. That's what it states. THE WITNESS: Are we finished with this one?
2 3 4 5 6 7	for their chronic pain should be treated with opioids? MS. HILLYER: Objection to form. Mischaracterizes the document. THE WITNESS: You'll have to restate that. I don't agree with	2 3 4 5 6 7	patients where no causative factor can be found for their chronic pain and no specific diagnosis can be made, correct? A. That's what it states. THE WITNESS: Are we finished with this one? MS. RUANE: Yes.
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	Page 154	Page 156
¹ you and your team did not disc	euss the	about the content?
² dossiers with the managed care		BY MS. RUANE:
³ is that correct?	3	
⁴ A. That's correct. To my	4	
⁵ recollection, as far as the		the payer says, what is included, there
6 dissemination.		
7 I will say I may I rec		
8 at one point, I don't recall if it v	I	
⁹ for Actiq or other products, bef	I	Generally like that.
became electronic, which is the	•	•
they were hard copies, and they	· ·	
shrinkwrapped, and we were no		• • • • • • • • • • • • • • • • • • • •
¹³ even open them.	13	
And there may have be		
¹⁵ vehicle in which an account ma	I	•
based on the shrinkwrap, could		
it. I vaguely I do remember		Am I I want to make sure
I don't recall what prod	mai.	
1 don't recan what prod	19	A. Yes, that is the policy
Q. Okay. But it would h		· · · · · · · · · · · · · · · · · · ·
²¹ been based on your training a		MB. HILLTER. Objection.
with the company, it would have		•
²³ inappropriate for an individual		And objection to form.
		Tou can answer.
²⁴ to the managed care entities abo		THE WITNESS: Sorry.
	Page 155	Page 157
¹ information in the dossier?	1	713 i iccuii iiiiid you,
MS. HILLYER: Object	ction to 2	uns is a long time ago and we ve
³ form.	3	changed, evolved with the dossier.
THE WITNESS: That	t no, 4	Based on my recollection, we
5 there may be information i	n the 5	
	ii tile	would not have discussed the
6 dossier which would be pa		would not have discussed the
dossier which would be pa what we would discuss, no	ert of 6	would not have discussed the contents of the dossier.
<u> -</u>	ert of 6 7	would not have discussed the contents of the dossier. That's my recollection, we would
what we would discuss, no	ert of 6 7	would not have discussed the contents of the dossier. That's my recollection, we would
what we would discuss, no specific to the dossier. So don't think that's accurate.	rt of 6 t 7 I 8	would not have discussed the contents of the dossier. That's my recollection, we would not have.
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what we would discuss, no specific to the dossier. So don't think that's accurate. BY MS. RUANE: Q. With that distinction. Obviously, the dossier covers a	art of 6 7 I 8 9 10 11 12	would not have discussed the contents of the dossier. That's my recollection, we would not have. BY MS. RUANE: Q. Do you have an understanding of why that was the policy? A. This is not a medical/legal
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Page 158	Page 160
¹ approved by medical/legal?	¹ Exhibit-12, right? Module 2.
² A. Yes. Although I'm not	² MS. HILLYER: No.
³ remembering about the WL lefts, the	I don't think you put it on
⁴ reprints that may have been part of that	the record, if you wanted to.
⁵ back in those days.	5 MS. RUANE: Sorry. Thank
6 Obviously, policies have	6 you.
⁷ changed over time. So I don't recall if	⁷ BY MS. RUANE:
8 there were any clinical reprints that	⁸ Q. We're now looking at
⁹ were approved for dissemination.	⁹ Exhibit-12, which is TEVA_CHI_00036931.
Q. Okay. And I appreciate	Again, there's little
that. If we get there, we get there; if	¹¹ numbers on the document, I'm just going
12 not, no big deal.	to use those because it's easier.
But what I want to make sure	¹³ A. I see.
14 I understand is, when you talk about the	Q. On Page 3 of the document,
promotional piece, it appears to have	the last paragraph, about halfway
some significance, the phrase	through, there's a sentence that starts
17 "promotional piece." And so I want to	with, Addiction?
18 make sure I understand what that means to	A. Yes.
19 you.	Q. It says, Addiction, a
It sounds like what it means	²⁰ disease characterized by behaviors such
21 to you is a piece that has been approved	21 as compulsion, harm to the user or
by medical/legal that you can discuss	22 continued use despite harm, is uncommon
²³ with the managed care entities; is that	²³ in patients using opioids for a medical
24 correct?	24 condition.
Page 150	Page 161
Page 159 1 A Medical legal and	Page 161 Do you see that?
¹ A. Medical, legal, and	Do you see that?
¹ A. Medical, legal, and ² regulatory.	Do you see that? A. I see that.
 A. Medical, legal, and regulatory. Q. Okay. And your memory is 	Do you see that? A. I see that. Q. What scientific support is
 A. Medical, legal, and regulatory. Q. Okay. And your memory is the Actiq white paper, which I know is 	Do you see that? A. I see that. Q. What scientific support is there for that statement?
 A. Medical, legal, and regulatory. Q. Okay. And your memory is the Actiq white paper, which I know is different in your memory than what we're 	Do you see that? A. I see that. Q. What scientific support is there for that statement? MS. HILLYER: Objection.
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_	,	Page 164
	1	module that would have been received by
		payers.
	١.	Q. And pseudoaddiction there
	l _	states, Hadretton should be distinguished
•		from pseudoaddiction, which is
		characterized by drug-seeking behaviors
•	1	caused by unrelieved pain. Some patients
MS. HILLYER: Objection to	8	with this circ ver of this cure paint may be
form.	9	aggressive in requesting additional
THE WITNESS: I'm not a		analgesics. When such requests are not
physician.	11	related to psychological beliefs nor to
BY MS. RUANE:	12	psychic effects, but rather to unrelieved
Q. You have no opinion one way	13	pain, the appropriate response is
or another?	14	improved pain management.
A. No.	15	Do you see that?
Q. Page 22 references	16	A. I see that.
pseudoaddiction.	17	Q. Do you see any scientific
Do you see that?	18	support for that statement?
A. Yes, I do.	19	MS. HILLYER: Objection. Do
Q. Are you familiar with the	20	you mean in the document?
	21	MS. RUANE: In the document.
<u>.</u>	22	THE WITNESS: I don't see
	23	anything.
-	24	BY MS. RUANE:
Page 163		Page 165
-	1	Q. Do you know any
- •	2	
· · · · · · · · · · · · · · · · · · ·		
		A. I was answering. You just
	5	couldn't hear me.
	6	Q. Sorry. Go ahead.
· · · · · · · · · · · · · · · · · · ·	7	A. I do not see a reference on
* •	8	this document.
•		
	١	Q. Do you know of any
		scientific support for the theory of
		pseudoaddiction? MS. HILLYER: Objection to
	1	IVIA. HILL YEK: UDICCTION TO
<u> </u>	12	<u> </u>
care payers upon request?	13	form.
care payers upon request? MS. HILLYER: Objection.	14	form. You can answer.
care payers upon request? MS. HILLYER: Objection. Assumes facts not in evidence.	14 15	form. You can answer. THE WITNESS: I'm not
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care payers upon request? MS. HILLYER: Objection. Assumes facts not in evidence. BY MS. RUANE: Q. I mean, you see it in Exhibit-12, right? A. I said I don't recall because this is the first time I've seen	14 15 16 17 18 19 20	form. You can answer. THE WITNESS: I'm not familiar with this, period. BY MS. RUANE: Q. You're not familiar with pseudoaddiction? A. So I can't answer your
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	foundation. THE WITNESS: I don't have an opinion about that. BY MS. RUANE: Q. Do you believe that addiction is uncommon in patients using opioids for medical conditions? MS. HILLYER: Objection to form. THE WITNESS: I'm not a physician. BY MS. RUANE: Q. You have no opinion one way or another? A. No. Q. Page 22 references pseudoaddiction. Do you see that? A. Yes, I do. Q. Are you familiar with the term "pseudoaddiction"?	foundation. THE WITNESS: I don't have an opinion about that. BY MS. RUANE: Q. Do you believe that addiction is uncommon in patients using opioids for medical conditions? MS. HILLYER: Objection to form. THE WITNESS: I'm not a physician. BY MS. RUANE: Q. You have no opinion one way or another? A. No. Q. Page 22 references pseudoaddiction. Do you see that? A. Yes, I do. Q. Are you familiar with the term "pseudoaddiction"? A. I don't recall. Q. You agree it's a term that was used in documents provided by the Page 163 company? MS. HILLYER: Objection to form. THE WITNESS: I don't remember seeing pseudoaddiction in any of the pieces that we used with payers. It may have been, I just don't recall. Q. Pseudoaddiction is in

Page 166	Page 168
1 Fantana	
¹ Fentora ² Δ Sure	Q. Op at the top.
A. Buic.	71. Op at the top, sorry.
Q. did you receive education	Q. This then right below that,
⁴ and training on issues related to	⁴ under, Managing the risk of opioid abuse,
⁵ addiction or abuse of opioids?	⁵ in that first sentence, it indicates,
6 A. Sure. I just don't recall	⁶ Although it is uncommon for chronic pain
⁷ if this is what I stated.	⁷ patients to abuse opioid medications,
⁸ Q. And what type of training	8 there is a potential risk associated with
⁹ and education did you receive?	⁹ the use of all opioids.
A. There were training modules	Do you see that?
that all the account managers were	A. I see that.
required to complete on the disease	Q. Do you know of any
state, misuse, abuse, diversion, all the	¹³ scientific well, strike that.
things that we're talking about, as far	First, let me ask you, do
as what you're referring to here, in	¹⁵ you see any scientific support cited in
addition to the mechanism of action of	Exhibit-12 for those statements?
¹⁷ the product, as with any training on a	¹⁷ A. No.
¹⁸ product that any pharmaceutical company	Q. Do you personally have any
would provide, not unlike that.	¹⁹ scientific support for the idea that it's
Q. And during your time working	²⁰ uncommon for chronic pain patients to
²¹ with managed care entities on the	²¹ abuse opioid medications?
²² products Actiq and then Fentora, did you	MS. HILLYER: Objection to
²³ come to any conclusions about the issues	²³ form.
²⁴ of abuse associated with those drugs?	THE WITNESS: Are you saying
Page 167	Page 169
¹ MS. HILLYER: Objection to	do I have an opinion?
² form.	² BY MS. RUANE:
3 THE WITNESS: No	³ Q. Yes.
4 conclusions.	
conclusions.	⁴ A. I don't have an opinion.
⁵ BY MS. RUANE:	 A. I don't have an opinion. Q. This is information that was
 BY MS. RUANE: Q. Sitting here today, have you 	 A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by
 BY MS. RUANE: Q. Sitting here today, have you reached a conclusion as to whether 	A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by Cephalon, correct?
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5 BY MS. RUANE: 6 Q. Sitting here today, have you 7 reached a conclusion as to whether 8 there's an opioid epidemic? 9 MS. HILLYER: Objection to 10 form. 11 THE WITNESS: A conclusion, 12 no. 13 BY MS. RUANE: 14 Q. Page 23 of Exhibit-12	A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by Cephalon, correct? A. It was yes. Q. And Cephalon was also the company that was creating the modules used to train you all on Actiq, correct? MS. HILLYER: Objection to form. THE WITNESS: I was not
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5 BY MS. RUANE: 6 Q. Sitting here today, have you 7 reached a conclusion as to whether 8 there's an opioid epidemic? 9 MS. HILLYER: Objection to 10 form. 11 THE WITNESS: A conclusion, 12 no. 13 BY MS. RUANE: 14 Q. Page 23 of Exhibit-12 15 A. I'm sorry, you said 23? 16 Q. Yes, just the next page.	A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by Cephalon, correct? A. It was yes. Q. And Cephalon was also the company that was creating the modules used to train you all on Actiq, correct? MS. HILLYER: Objection to form. THE WITNESS: I was not involved with the sales training. I don't know who developed that.
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5 BY MS. RUANE: 6 Q. Sitting here today, have you 7 reached a conclusion as to whether 8 there's an opioid epidemic? 9 MS. HILLYER: Objection to 10 form. 11 THE WITNESS: A conclusion, 12 no. 13 BY MS. RUANE: 14 Q. Page 23 of Exhibit-12 15 A. I'm sorry, you said 23? 16 Q. Yes, just the next page. 17 The last sentence in the 18 first paragraph indicates, Similarly, the	A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by Cephalon, correct? A. It was yes. Q. And Cephalon was also the company that was creating the modules used to train you all on Actiq, correct? MS. HILLYER: Objection to form. THE WITNESS: I was not involved with the sales training. I don't know who developed that. MS. RUANE: BY MS. RUANE:
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5 BY MS. RUANE: 6 Q. Sitting here today, have you 7 reached a conclusion as to whether 8 there's an opioid epidemic? 9 MS. HILLYER: Objection to 10 form. 11 THE WITNESS: A conclusion, 12 no. 13 BY MS. RUANE: 14 Q. Page 23 of Exhibit-12 15 A. I'm sorry, you said 23? 16 Q. Yes, just the next page. 17 The last sentence in the 18 first paragraph indicates, Similarly, the 19 risk of abuse is low in patients with 20 nonmalignant pain, though there is less 21 experience in this patient population.	A. I don't have an opinion. Q. This is information that was created by, I guess at this time, by Cephalon, correct? A. It was yes. Q. And Cephalon was also the company that was creating the modules used to train you all on Actiq, correct? MS. HILLYER: Objection to form. THE WITNESS: I was not involved with the sales training. I don't know who developed that. MY BY MS. RUANE: Q. But Cephalon was the I mean, you didn't receive training on issues of opioids and potential abuse or diversion from anyone outside the

	ignly Confidential - Subject t	1	D 170
	Page 170		Page 172
1	Q. Do it's a correct statement	1	we discussed earlier, do you know?
	that your training on issues of potential	2	A. Speakers say the question
3	abuse, diversion of opioids would have	3	one more time.
4	occurred through your emproyment with	4	Q. Sure.
5	Cephalon and then Teva, correct?	5	The speaker training, would
6	A. That's a true statement.	6	it be for employees of Cephalon who are
7	MS. RUANE: I'm going to	7	going to do a managed care presentation.
8	hand you what's been marked as	8	A. I don't recall.
9	Exhibit-13. And for the record,	9	Q. Under the primary purpose of
10	this is TEVA_MDL_A_03272381.	10	the clinical presentation, the second
11		11	ounce point there mareates, Explain
12	(Whereupon, Teva-Bearer		different utilities for Actiq and reasons
13	Exhibit-13,		why pain management specialists are
14	TEVA_MDL_A_03272381-391, was	14	prescribing it for noncancer breakthrough
15	marked for identification.)	15	pain.
16		16	Do you see that?
17	BY MS. RUANE:	17	A. Yes.
18	Q. This is an e-mail you sent	18	Q. And that's something that
19	to Terry Terifay regarding an upcoming	19	would happen at these meetings with
20	Actiq speaker training.	20	managed care entities, correct?
21	A. Yes.	21	MS. HILLYER: Objection to
22	Q. And Page 382, that second	22	form.
23	page, what you'll see, as you go through	23	THE WITNESS: This the
24	it, there's different I assume these	24	way you're asking if this
	D 171		D 172
	Page 171		Page 173
1	_	1	_
1 2	are different managed care entities,	1 2	presentation was for to payers?
	are different managed care entities, right?		presentation was for to payers? Is that what you're I'm sorry.
3	are different managed care entities, right? You've got Blue Cross and	2	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE:
3	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents.	2	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure
3	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over	2	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're
2 3 4 5	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you	2 3 4 5	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the
2 3 4 5	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over	2 3 4 5 6	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page.
2 3 4 5 6 7	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct.	2 3 4 5 6 7	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page.
2 3 4 5 6 7 8	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue	2 3 4 5 6 7 8	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care
2 3 4 5 6 7 8	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under	2 3 4 5 6 7 8	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care
2 3 4 5 6 7 8 9	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical	2 3 4 5 6 7 8 9	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes.
2 3 4 5 6 7 8 9 10	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the	2 3 4 5 6 7 8 9 10	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national
2 3 4 5 6 7 8 9 10 11	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing	2 3 4 5 6 7 8 9 10 11 12	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for	2 3 4 5 6 7 8 9 10 11 12 13	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing	2 3 4 5 6 7 8 9 10 11 12 13	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq
2 3 3 4 5 6 6 7 8 9 10 11 12 13 14 15	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes.
2 3 3 4 5 6 7 8 8 9 10 11 12 13 14 15 16	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training?
2 3 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to
2 3 3 4 5 6 7 8 8 9 10 11 12 13 14 15 16 17 18	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker training would be a training of well, strike that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to
2 3 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker training would be a training of well, strike that. Who what speakers were	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to be for a speaker training meeting? A. Right.
2 3 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker training would be a training of well, strike that. Who what speakers were being trained?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to be for a speaker training meeting? A. Right. Q. Presumably those speakers,
2 3 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker training would be a training of well, strike that. Who what speakers were being trained?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to be for a speaker training meeting? A. Right. Q. Presumably those speakers,
2 3 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	are different managed care entities, right? You've got Blue Cross and Blue Shield of Alabama and then Regents. And you mentioned there's probably over 100 in the nation, but these are some you all dealt with, correct? A. Correct. Q. Under Blue Cross and Blue Shield of Alabama, the description under primary purpose of the clinical presentation, toward the bottom of the page, this is a document that's providing some managed care Medicaid scenarios for an Actiq speaker training, correct? A. Yes. Q. And the Actiq speaker training would be a training of well, strike that. Who what speakers were being trained? A. I don't recall.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	presentation was for to payers? Is that what you're I'm sorry. BY MS. RUANE: Q. Let's back up and make sure we're A. Let's make sure we're on the same page. Q on the same page. These are managed care Medicaid scenarios A. Yes. Q provided by national account managers A. Yes. Q for the upcoming Actiq speaker training? A. Yes. Q. Okay. So this is going to be for a speaker training meeting? A. Right. Q. Presumably those speakers, their role is then going to be to go out

_	ighty Confidential - Subject to		-
-	Page 174	-	Page 176
	A. No, I don't interpret it		here?
2	this way.	2	Q. Sorry. Tilled burnet point
3	Q. What would the speaker	3	down on primary purpose.
4	training be for?	4	A. Yes, that's what it says.
5	A. Based on what I'm reading	5	bony.
6	here, having not recalling this,	6	Q. So one of the goals, when
7	tile	'/	you're meeting with these managed care
8	MS. HILLYER: Then	8	energes, is to convince the plan to
9	objection. Calls for speculation.	9	consider coverage for any of the above
10	THE WITNESS: Yeah, I really	10	uses, and that s referring to noncuneer
11	don't know.	1	breakthrough pain uses, correct?
12	BY MS. RUANE:	12	A. That's what it says.
13	Q. Let's back up a little bit.	13	Q. That was one of the goals of
14	A. Okay.	14	you and your team when you were meeting
15	Q. Look, for example, on Blue	15	with managed care entities for Actiq and
16	Cross and Blue Shield of Alabama, the	16	then subsequently for Fentora, correct?
17	second heading there is, Key	17	MS. HILLYER: Objection to
18	decision-makers who will be attending the	18	form.
19	clinical presentation.	19	THE WITNESS: In general.
20	Do you see that?	20	We had different objectives for
21	A. Yes, I do. Yep. Yep.	21	each plan, depending on the
22	Q. Is that helpful?	22	situation, because each plan payer
23	A. Yes.	23	is different.
24	Q. So are we now on the same	24	BY MS. RUANE:
		_	
	Page 175		Page 177
1	_	1	-
	Page 175 page, that this is information provided in advance of meetings with managed care	1 2	Q. For Blue Cross and Blue
2	page, that this is information provided		Q. For Blue Cross and Blue
2	page, that this is information provided in advance of meetings with managed care	2	Q. For Blue Cross and Blue Shield of Alabama
3	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look.	2 3 4	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of
2 3 4 5	page, that this is information provided in advance of meetings with managed care entities?	2 3 4	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct
2 3 4 5	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would	2 3 4 5	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area.
2 3 4 5 6	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this.	2 3 4 5	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating
2 3 4 5 6 7	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under	2 3 4 5 6 7	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not
2 3 4 5 6 7 8	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point	2 3 4 5 6 7	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I
2 3 4 5 6 7 8 9	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for	2 3 4 5 6 7 8 9	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in
2 3 4 5 6 7 8 9	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management	2 3 4 5 6 7 8 9	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in
2 3 4 5 6 7 8 9 10	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for	2 3 4 5 6 7 8 9 10	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it
2 3 4 5 6 7 8 9 10 11 12	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct?	2 3 4 5 6 7 8 9 10 11	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it
2 3 4 5 6 7 8 9 10 11 12 13	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says.	2 3 4 5 6 7 8 9 10 11 12 13	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the
2 3 4 5 6 7 8 9 10 11 12 13	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of	2 3 4 5 6 7 8 9 10 11 12 13	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that you just know, in addition to the e-mail,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct? A. Yes. Q. The bullet point below that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that you just know, in addition to the e-mail, from your own personal experience is that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct? A. Yes. Q. The bullet point below that indicates that another purpose of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that you just know, in addition to the e-mail, from your own personal experience is that many times when you were meeting with managed care entities, one of the things
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct? A. Yes. Q. The bullet point below that indicates that another purpose of the presentation was to convince the plan to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that you just know, in addition to the e-mail, from your own personal experience is that many times when you were meeting with managed care entities, one of the things you were doing was working to convince
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	page, that this is information provided in advance of meetings with managed care entities? A. Hold off. Let me look. That's the way I would interpret this. Q. And down below, under primary purpose, there's the bullet point for explaining different utilities for Actiq and reasons why pain management specialists are prescribing it for noncancer breakthrough pain, correct? A. That's what it says. Q. Okay. And you were aware of this at the time, because these were scenarios that you sent to Terry Terifay, correct? A. Yes. Q. The bullet point below that indicates that another purpose of the presentation was to convince the plan to consider coverage for any of the above	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. For Blue Cross and Blue Shield of Alabama A. I don't have any direct knowledge of that. That wasn't a part of my area. That's why I'm hesitating quite a bit, because these are not plans I was trying to figure that I have direct knowledge of. Q. And the reason I mean, in fairness to you, I understand it was a long time ago, so we'll work through it together. But you are you were the one that sent this e-mail, right? A. Correct. Q. And one of the things that you just know, in addition to the e-mail, from your own personal experience is that many times when you were meeting with managed care entities, one of the things you were doing was working to convince them to consider coverage for something

Page 178 Page 180 ¹ correct? ¹ relates to this Blue Cross and Blue 2 ² Shield of Alabama. MS. HILLYER: Objection to 3 Let me ask a different form. THE WITNESS: We presented ⁴ question. 5 information. As I stated before, You would agree that this 6 many plans -- I don't know the ⁶ document, which you provided to Terry 7 ⁷ Terifay, indicates that one of the details around these -- did not 8 have a lot of rigor behind Actiq primary purposes of the clinical 9 presentation is to provide -- was to, early on. 10 strike that -- to convince the plan to By the time I joined the consider coverage for any of the above 11 company in 2004 was when payers 12 uses, which refers to noncancer were starting to take a look at 13 opioids. And sometimes by just breakthrough plan? 14 14 default they would make decisions MS. HILLYER: Objection to 15 15 on coverage. I can't speak to the form. Lack of foundation. 16 16 what specifically they were. And calls for speculation. She 17 17 As I mentioned earlier, said she didn't cover this 18 coverage criteria goes beyond 18 account. 19 19 indication. There are many other THE WITNESS: I don't have 20 requirements in coverage criteria. 20 direct knowledge of Blue Cross 21 21 Additionally, many patients Blue Shield of Alabama. 22 ²² BY MS. RUANE: were currently on, as a doctor 23 23 deemed appropriate, whether it --Q. Let me ask a different 24 whether they -- depending on the ²⁴ question. Page 179 Page 181 1 diagnosis, it was up to the doctor We know, and we talked about 2 as to what product was ² in the first hour of this deposition, the 3 appropriate. ³ fact that you were -- as a national 4 ⁴ account manager and then subsequently as So I view this as more of an 5 education, because many times when you became a director, you met with managed care entities, right? 6 restrictions come quickly, it 7 causes a disruption for the A. Correct. 8 patient in treatment. Q. And one of the things you 9 did, during your time as a national So a lot of this was an 10 education process. Many of these account manager at Cephalon, was to meet with managed care entities, correct? 11 plans we had not engaged with on a 12 regular basis for Actiq. 12 A. Yes. 13 BY MS. RUANE: 13 MS. HILLYER: Asked and 14 14 Q. And so the goal was, in answered. those cases, to convince plans to 15 BY MS. RUANE: consider coverage for something other 16 Q. And during that time, one of than breakthrough cancer pain, correct? the products that you would discuss was 18 A. The goal is --Actiq, correct? 19 MS. HILLYER: Hold on. 19 A. Correct. 20 20 Objection to form. And asked and Q. And, obviously, it depends 21 on the plan and what their coverage is -answered. 22 22 A. Right. You can answer again. 23 23 BY MS. RUANE: O. -- at that time, but one of 24 ²⁴ the things that you did was work with Q. I mean, at least as it

ranty contraential - subject to	ו כ	rurther Contractionality Review
Page 182		Page 184
plans who didn't have the coverage	1	plan specifically to the question
•	2	that you ve asked file. I really
most beneficial for purposes of increased	3	don't recall specifically.
prescriptions, would be to work with	4	many times, plans would
those plans on convincing them to	5	request information.
consider coverage for something other	6	BY MS. RUANE:
than breakthrough cancer pain, correct?	7	Q. And based on the fact that
MS. HILLYER: Objection to	8	you've been with the company, you know,
form.	9	for over a decade I understand a lot
	10	of this was a long time ago.
	11	But you've just described
= =	12	Tot us now you would speak to them about
•	13	the broad spectrum of pain; that was part
		of the job, was to educate them on the
THE WITNESS: A result	15	broad spectrum of pain.
	16	And you agree that broad
	17	spectrum of pain went beyond breakthrough
± • • • • • • • • • • • • • • • • • • •	18	cancer pain, correct?
		MS. HILLYER: Objection to
-		form. It mischaracterizes
<u> </u>		testimony.
		BY MS. RUANE:
		Q. That's a correct statement,
Actiq for their patients.	24	isn't it?
Page 183		Page 185
Part of what we discussed	1	MS. HILLYER: I made my
		objection.
·		She can answer the question.
		THE WITNESS: Again, pain
, ,	~	management was not something
		familiar to payers. If I if I
•		had a conversation with a plan, it
1		would have been based on an
		approved document that may have
		had the disease background on pain
_		management. Because, again, this
		is for patients suffering from
		chronic pain who have breakthrough
		episodes. So it's very relevant
5		to talk about chronic pain,
•		spectrum of pain, and talk about
		breakthrough episodes specific to
<u>-</u>		our label, which would then
± • • • • • • • • • • • • • • • • • • •		include cancer patients.
± '		BY MS. RUANE:
	21	Q. And the conversation about
MS. HILLYER: Objection to		
form.	22	the chronic pain and the breakthrough
· · · · · · · · · · · · · · · · · · ·		
	plans who didn't have the coverage criteria for Actiq that would have been most beneficial for purposes of increased prescriptions, would be to work with those plans on convincing them to consider coverage for something other than breakthrough cancer pain, correct? MS. HILLYER: Objection to form. BY MS. RUANE: Q. That's a thing that happened, isn't it? MS. HILLYER: Objection to form. THE WITNESS: A result MS. HILLYER: Go ahead. THE WITNESS: As I stated previously, much of the interaction, whether it be promotional or from medical, was an educational process where many patients, whatever the physician deemed appropriate, prescribed Actiq for their patients.	plans who didn't have the coverage criteria for Actiq that would have been most beneficial for purposes of increased prescriptions, would be to work with those plans on convincing them to consider coverage for something other than breakthrough cancer pain, correct? MS. HILLYER: Objection to form. BY MS. RUANE: Q. That's a thing that happened, isn't it? MS. HILLYER: Objection to form. THE WITNESS: A result MS. HILLYER: Go ahead. THE WITNESS: As I stated previously, much of the interaction, whether it be promotional or from medical, was an educational process where many patients, whatever the physician deemed appropriate, prescribed Actiq for their patients. Page 183 Part of what we discussed was the broad spectrum of pain management, et cetera, as you've seen in all of these documents. If, in fact, they did change criteria, the result would be the patient would have access ultimately at that point, to your point, and Cephalon would have the benefit of the sale of that product. So that's an accurate statement. BY MS. RUANE: Q. And it's also an accurate statement that during those times that you were talking to the managed care entities, you were talking to them about the broad spectrum of pain, which included pain beyond breakthrough cancer

	Page 186		Page 188
1	MS. HILLYER: Objection to	1	of them. So, of course, we they would
2	form.	2	discuss any scheduled product.
3	THE WITNESS: I don't recall	3	Q. And so it was generally
4	the documents maybe you'll	4	speaking, it was a conversation you would
5	provide them to me the	5	have with these managed care entities,
6	documents that we used. I	6	because they would bring up the concerns
7	honestly don't remember the	7	associated with Schedule II products?
8	content of those.	8	MS. HILLYER: Objection to
9	A lot of what we do with	9	form.
10	payers is educate on disease	10	THE WITNESS: Not you're
11	state, as I've stated before.	11	making a broad statement, and I
12	This is very common in current	12	can't speak to every conversation
13	products that we promote now.	13	that I had with every plan.
14	It's very common to talk about	14	Misuse, abuse and diversion,
15	standard of care. It's very	15	we take a responsibility as a
16	common to talk about chronic and	16	company, we are certainly aware of
17	acute medications.	17	that.
18	It sets the foundation for	18	So if they asked the
19	the discussion with a payer.	19	question, we would have a
20	BY MS. RUANE:	20	conversation about it.
21	Q. Okay. If you look on	21	BY MS. RUANE:
22	Exhibit-13, on Page 82 at the bottom, it	22	Q. And as a company, misuse,
23	references several objections from the	23	abuse and diversion are things that the
24	plan, including the concern over abuse	24	company was aware of and you were aware
	Page 187		Page 189
1	_	1	_
1 2	and diversion of opioids.	1 2	of, correct?
	and diversion of opioids. Do you see that?		of, correct? MS. HILLYER: Objection.
3	and diversion of opioids. Do you see that? A. I saw it previously. Is	2	of, correct? MS. HILLYER: Objection. Calls for speculation.
3	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82?	3	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of
2 3 4 5	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very	3	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II
2 3 4 5	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom.	2 3 4 5	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of
2 3 4 5 6	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom.	2 3 4 5	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product.
2 3 4 5 6 7	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that?	2 3 4 5 6 7	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact,
2 3 4 5 6 7 8	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep.	2 3 4 5 6 7	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed
2 3 4 5 6 7 8	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second	2 3 4 5 6 7 8	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions
2 3 4 5 6 7 8 9	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second bullet point indicates, Physicians are	2 3 4 5 6 7 8 9	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions associated with a Schedule II product and
2 3 4 5 6 7 8 9 10	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second bullet point indicates, Physicians are afraid of opioid use.	2 3 4 5 6 7 8 9 10	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions
2 3 4 5 6 7 8 9 10 11 12	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second bullet point indicates, Physicians are afraid of opioid use.	2 3 4 5 6 7 8 9 10 11 12 13	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions associated with a Schedule II product and use, abuse and diversion, correct?
2 3 4 5 6 7 8 9 10 11 12 13	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second bullet point indicates, Physicians are afraid of opioid use. A. You're saying 85?	2 3 4 5 6 7 8 9 10 11 12 13	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions associated with a Schedule II product and use, abuse and diversion, correct? A. I don't recall any specific
2 3 4 5 6 7 8 9 10 11 12 13	and diversion of opioids. Do you see that? A. I saw it previously. Is this 82? Q. 82, yes. At the very bottom. A. Right. Sorry. Q. Do you see that? A. Yep, yep. Q. On Page 85, the second bullet point indicates, Physicians are afraid of opioid use. A. You're saying 85? Q. Yes. 85.	2 3 4 5 6 7 8 9 10 11 12 13 14	of, correct? MS. HILLYER: Objection. Calls for speculation. THE WITNESS: We're aware of because it's a Schedule II product. BY MS. RUANE: Q. And because of that fact, you found yourself speaking to managed care entities about their questions associated with a Schedule II product and use, abuse and diversion, correct? A. I don't recall any specific questions around I just don't recall
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-	o Further Confidentiality Review
Page 190	Page 192
¹ I did not create this document?	Do you see that?
² This was a compilation of	² A. I see that.
what was sent to me, and I	³ Q. Nonmalignant pain is pain
forwarded it on to marketing, it	⁴ that is not related to cancer, correct?
⁵ appears.	⁵ A. That's correct.
6 BY MS. RUANE:	⁶ Q. Speaking with Amy Jordheim,
⁷ Q. It was provided by the	⁷ the MDM.
8 national account managers, right?	8 Who is Amy Jordheim? What
⁹ A. Yes, yes. I didn't write	⁹ does MDM refer to?
10 the document.	A. I don't remember the acronym
So when you're asking me	¹¹ now, but it's basically an MSL. I just
specifics around each of these plans, I	12 don't know what they
don't have the context to answer the	Q. Now I have to ask what an
14 question.	14 MSL is?
Q. But at least what we know	¹⁵ A. Medical science liaison. So
16 from Exhibit-13 is that the national	they fall under the medical side. They
¹⁷ account managers were reporting	¹⁷ deal with KOLs, thought leaders. They're
18 conversations regarding questions on use	18 medical, not sales.
¹⁹ and abuse of opioids?	Q. Got it.
MS. HILLYER: Objection.	So she thinks, He
Calls for speculation.	²¹ referring to Dr. Guarino would be
22 BY MS. RUANE:	22 an would be excellent to speak to
Q. I mean, would you agree? We	²³ health plans. And the fact that he has
²⁴ just looked at this.	²⁴ actually completed a study for Actiq in
Page 191	Page 193
¹ A. Based on this, I would also	¹ nonmalignant pain might be beneficial for
² agree that there are other opioids on the	² other speakers to hear him at our meeting
³ market. It was a general opioids	 other speakers to hear him at our meeting in January.
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Highly Confidential "- Subject" t	<u> </u>
Page 194	Page 196
¹ Calls for speculation.	Q. And at this time, you were
² THE WITNESS: I don't know.	² also a national account manager?
³ BY MS. RUANE:	³ A. Yes, I believe so, based on
⁴ Q. I mean, I'm just reading	⁴ the date. Yes.
⁵ from what you wrote here.	⁵ Q. Did you have a management
6 Because he's actually	⁶ role over Robert Host?
⁷ completed a study for Actiq in	A. No, I really don't recall.
⁸ nonmalignant pain, it might be beneficial	8 But they're asking me to
⁹ for other speakers to hear him at our	⁹ speak to marketing. So there was a point
¹⁰ meeting in January.	where I was in management and still had a
Do you see that?	11 home office, sort of liaise
MS. HILLYER: Objection to	¹² responsibilities.
form. She didn't write this.	But that's perhaps why I
¹⁴ BY MS. RUANE:	14 received this. That's a speculation. So
Q. Oh, I see. You received it.	¹⁵ I don't know for sure.
16 My apologies.	Q. And when you say they're
Robert wrote to you	asking you to speak to marketing, you're
18 A. Yes.	18 referring to his request that you check
Q indicating that that	19 with Terry
²⁰ might be beneficial, correct?	20 A. Yes.
A. Yes.	21 Q. Okay.
Q. What meeting in January is	Is this a suggestion from
23 Robb referring to, if you know?	23 Robert Host that Guarino should be
A. I don't recall.	24 utilized to promote the off-label use of
TI. T GOIL TOCAIN	defined to promote the off fact ase of
Page 195	Page 197
Q. I'll tell you, the subject	¹ Actiq?
Q. I'll tell you, the subject up above indicates, Dr. Guarino for Actiq	¹ Actiq? ² MS. HILLYER: Objection to
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H	Page 198		Page 200
1	nonmalignant pain and Actiq. So it's	1	recess was taken.)
1	very reasonable that you would have	2	
3	someone that has done a study to give	3	VIDEO TECHNICIAN: Back on
4	that presentation	4	record at 1:28 p.m.
5	Q. And the data		BY MS. RUANE:
6		6	Q. We're back on the record
7	1 1	7	after a lunch break.
8	~	8	
9	nonmalignant pain, it would be data		Do you understand you're still under oath?
10	associated with off-label use of Actiq,	10	
11	correct?		A. Yes.
	A. Clinical studies can be done	11	Q. Let me ask you, what
1	for any reason.		promotional activities did you perform
13	But based on what I a		with regard to managed care for Actiq?
1	physician makes a determination on how	14	A. In engaging with the payers,
	they want to study the product. So based		we would have approved materials. In
16	on what I'm reading here, this physician,	1	fact, I think we often used sales
17	who I don't know, had a poster which	17	materials because we didn't have a
18	suggests that he did a clinical	18	managed care marker, like I am
19	presentation a clinical trial of some	19	presenting putting together specifics.
20	sort on nonmalignant pain, which is,	1	And there was a presentation, as I
21	again, outside the current outside		recall.
	that current label.	22	Q. And I apologize, I'm going
23	Q. Yes, outside the indication,	23	to repeat some of that to make sure I
24	so off label, correct?	1	heard you okay. All right?
	Page 199		
1	_	1	Page 201
1	A. It's not in the current	1	So one of the things you
2	A. It's not in the current indication, yes.	2	So one of the things you mentioned were actually using the sales
2 3	A. It's not in the current indication, yes. Q. And I just want to be sure	2 3	So one of the things you mentioned were actually using the sales materials that the sales force used?
3 4	A. It's not in the current indication, yes. Q. And I just want to be sure we're on the same page.	2 3 4	So one of the things you mentioned were actually using the sales materials that the sales force used? A. We may have. There wasn't a
2 3 4 5	A. It's not in the current indication, yes. Q. And I just want to be sure we're on the same page. If it's outside the current	2 3 4 5	So one of the things you mentioned were actually using the sales materials that the sales force used? A. We may have. There wasn't a managed care marketing department back in
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2 3 4 5 6 7	A. It's not in the current indication, yes. Q. And I just want to be sure we're on the same page. If it's outside the current indication inside the current indication is on label?	2 3 4 5 6 7	So one of the things you mentioned were actually using the sales materials that the sales force used? A. We may have. There wasn't a managed care marketing department back in those days, which is what I do now. Therefore, managed care-specific pieces
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. It's not in the current indication, yes. Q. And I just want to be sure we're on the same page. If it's outside the current indication inside the current indication is on label? A. Yes. Q. Outside the current indication is off label, right? A. That's correct, yes. Q. Okay. THE WITNESS: We're finished with this? MS. RUANE: Let's take a quick MS. HILLYER: It's almost an hour. We're at 58. MS. RUANE: That's perfect. Let's do lunch. VIDEO TECHNICIAN: Going off	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	So one of the things you mentioned were actually using the sales materials that the sales force used? A. We may have. There wasn't a managed care marketing department back in those days, which is what I do now. Therefore, managed care-specific pieces were somewhat limited. Q. Because the managed care team was kind of selling to the managed care entities, while the sales team was out with providers, correct? MS. HILLYER: Objection to form. THE WITNESS: Managed care the account managers would present to payers if there was an approved document, which, of course, the sales force had approved documents. It's my recollection that,

Page 202 ¹ BY MS. RUANE: ¹ position. So, again, I don't recall how ² much interfacing, customer-facing, with Q. And what promotional -- do ³ Fentora, I personally had. ³ you remember the names or types of promotional materials? Q. Okay. And so that managed 5 ⁵ care presentation would be a slide deck A. Honestly, I do not. as well? O. You also mentioned a presentation? A. Yes. 8 A. I believe there was a O. Were there sales materials presentation. I know we were -- I think used in the promotion of Fentora to ¹⁰ there was a point where we were asking managed care entities? 11 for input around promotional 11 A. I don't -- I don't recall. ¹² presentation. Because the audience is ¹² Unlikely. 13 different with payers, oftentimes the Q. Was that because at that ¹⁴ information may be different. point the managed care department had its I honestly don't recall own marketing? ¹⁶ presenting it, if it was, in fact, A. Yes. So we had 17 approved. payer-specific information. Q. And would that have been 18 Q. So the payer-specific 19 kind of -- is your memory of it a slide managed care marketing information for deck-type presentation? Fentora would have been derived in the 21 managed care -- created within the A. It would be, yes. Q. Do you have a memory of the managed care system? 23 ²³ name that that type of promotional A. Correct. No. Created in ²⁴ presentation was given? ²⁴ the managed care system? Page 203 Page 205 Q. On the managed care team. A. No. ² Somebody in the -- was there a marketing Q. What promotional -- well, ³ strike that. person within the managed care team? A. No -- well, until they moved Before I ask, are there any ⁵ other promotional activities, as it ⁵ toward that. But at that point, if ⁶ relates to Actiq, that you can recall? memory serves, typically, the -- there 7 ⁷ was a marketing brand team member who had A. With which audience? responsibility for the payer piece to it. Q. With the managed care 9 Q. Got it. entities. 10 10 A. Not that I can recall. And do you recall who the O. Were there other audiences ¹¹ marketing brand team payer -- strike that you were involved in providing ¹² that. Let me start over. 13 promotional activities with regard to 13 Do you recall who the ¹⁴ Actiq on? marketing brand team member who was 15 assigned to managed care was? A. Not that I recall. A. I believe it was Matt 16 Q. What promotional activities 16 Falker. did you perform with regard to managed 17 ¹⁸ care for Fentora? 18 How do you spell that last O. 19 A. Similar -- similarly, there 19 name? 20 ²⁰ was a managed care presentation from a A. F, as in Frank, A-L, as in promotional -- that would have to go ²¹ live, K-E-R. ²² through our medical/legal, you know. 22 Q. Did you -- backing up. I believe when we launched Did you have a hand in the ²⁴ creation of the promotional materials ²⁴ Fentora, I was transitioning to the other

	Per 200		D 200
,	Page 206	,	Page 208
	used for Actiq?	1	MS. RUANE: Let's see.
2	A. No.	2	MS. HILLYER: I have these
3	Q. Did you have a hand in the	3	two here, right?
4	creation of the promotional materials	4	MS. RUANE: Right. Let's
5	used for Fentora?	5	look at this.
6	MS. HILLYER: Objection.	6	MS. HILLYER: Are they all
7	THE WITNESS: For the payer?	7	part of one Bates?
8	BY MS. RUANE:	8	MS. RUANE: They are all
9	Q. Payer, yes.	9	the Bates numbers are in order.
10	A. Yes.	10	MS. HILLYER: Right. I have
11	Could you define "hand,"	11	the e-mail and one native file
12	though? What do you mean?	12	attachment. So it looks like I
13	Q. Did you provide content or	13	have two native file attachments.
14	comments?	14	MS. RUANE: I see what
15	A. Comments.	15	you're saying. The second native
16	Q. And those promotional	16	file attachment, Bates order-wise,
17	materials would be presented to managed	17	we go from 19457159 to 09457160.
18	care entities and discussed with managed	18	MS. HILLYER: I don't have
19	care entities, correct?	19	60 here.
20	A. Yes. Promotional materials	20	MS. RUANE: If you go do
21	are presented to payers, managed care.	21	you not have that page?
22	MS. RUANE: I'm going to	22	MS. HILLYER: Yes. That's
23	hand you what's been marked as	23	why I wanted to make sure. I
24	Exhibit-15.	24	don't think I do.
	Exmon-13.		don't tillik i do.
	Page 207		Page 209
1		1	MS. RUANE: That's a
2	(Whereupon, Teva-Bearer	2	printing issue on our end.
3	Exhibit-15,	3	MS. HILLYER: All right. So
4	TEVA_MDL_A_09457158-159, was	4	we're going to make it I don't
5	marked for identification.)	5	know if this copy does, then,
6		6	either. I just want to make sure
7	MS. RUANE: The document	7	it's all that we keep track of
8	number is TEVA_MDL_A_09457158.	8	everything.
9	BY MS. RUANE:	9	MS. RUANE: No, I appreciate
10	Q. This was an e-mail to you.	10	it. And I can explain it for the
11	And the subject is, Fentora MCO slides.	11	record as well and get you that
12	Do you see that?	12	native page.
13	A. Yes, I do.	13	MS. HILLYER: She also
14	Q. What is MCO?	14	doesn't have 60.
15	A. Managed care organization.	15	MS. RUANE: Then let me
16	Q. So would these be Fentora	16	explain for the record what it is,
17	slides for the managed care entities?	17	just so that when we're looking
18	A. I'm going to look at it, but	18	back later.
19	based on the yes.	19	Thanks for clarifying that,
	vasca on the yes.	20	, c
	MC HILL VED. Tolea your		Becca.
20	MS. HILLYER: Take your		DV MC DITANE.
20 21	time.	21	BY MS. RUANE:
20 21 22	time. You've got two files	21 22	Q. So what you have before you
20 21	time.	21 22 23	

	Page 210	Т	Page 21
1	Pain, the Breakthrough Pain Component,	1	that it looks like there's one
	09457159.	2	attachment. I think it's a
3	The Bates number for the	3	PowerPoint. I don't understand
4	managed care presentation is 09451760.	4	why there would be two native
5	MS. HILLYER: That's the	5	images, but they line up in order.
6	draft for review?	6	MS. HILLYER: But what are
7	MS. RUANE: The draft for	7	the Bates are there two Bates?
8	review. That's correct.	8	MS. RUANE: There's two
9	BY MS. RUANE:	9	Bates.
10	Q. So let me ask you	10	MS. HILLYER: So it could
11	MS. HILLYER: Sorry, I don't	11	just be a different native file
12		12	than what was attached.
13	mean to be picky. But the e-mail	13	MS. RUANE: Correct. So
14	only has one attachment, as far as I can tell.	14	
15		15	that's why, let's just leave it on its own and we can deal with it
16	MS. RUANE: And that's	16	
17	where	17	MS. HILLYER: So Chronic
18	MS. HILLYER: So I just want	18	Pain, the Breakthrough Pain
19	to make sure these really belong	19	Component is TEVA_MDL_A_09457159
20	together.	20	MS. RUANE: Yes. Correct.
21	MS. RUANE: I understand. I	21	MS. HILLYER: So what we
22	understand the concern.	22	have as Exhibit-15, then, is 7158
23	All I can tell you is the	23	through 7159?
	managed care speaker deck I		MS. RUANE: Yes.
24	mean, we can go the thing that	24	MS. HILLYER: We're going to
	Page 211		Page 21
1	I'll say about it is if you look	1	set this one aside. We're going
2	at the 7158, and then chronic pain	2	to focus this on the side and
3	is 7159, managed care is	3	focus on those two, the cover
4	MS. HILLYER: Not referenced	4	e-mail and the attachment.
5	on the title.	5	THE WITNESS: Got it.
6	MS. RUANE: Okay. All	6	BY MS. RUANE:
7	right. Let's do this. Take out	7	Q. So this is a managed care
8	managed care. I don't want to	8	speaker deck from 2007 regarding Fentora,
9	confuse it. We'll deal with that	9	correct?
10	separately.	10	A. That's what it says on the
11	THE WITNESS: Okay.	11	e-mail.
12	MS. HILLYER: Okay.	12	Q. You have no reason to
13	MS. RUANE: All right.	13	disagree or dispute that, correct?
14	MS. HILLYER: So what we	14	A. I there's nothing in this
	have here that says, Chronic Pain,	15	document that says anything about managed
15	have here that says, Chrome I am,	- 1	
	the Breakthrough Pain Component	16	care.
16	<u>*</u>	16 17	care. So I'm I have no way of
16 17	the Breakthrough Pain Component		
16 17 18	the Breakthrough Pain Component MS. RUANE: Yes. MS. HILLYER: that,	17	So I'm I have no way of
16 17 18	the Breakthrough Pain Component MS. RUANE: Yes. MS. HILLYER: that, you're saying, is what is referred	17 18	So I'm I have no way of knowing if this e-mail is in conjunction with this deck.
16 17 18 19 20	the Breakthrough Pain Component MS. RUANE: Yes. MS. HILLYER: that, you're saying, is what is referred to as attachment, Managed Care	17 18 19	So I'm I have no way of knowing if this e-mail is in conjunction with this deck. Q. And I'll tell you the way
16 17 18 19 20 21	the Breakthrough Pain Component MS. RUANE: Yes. MS. HILLYER: that, you're saying, is what is referred to as attachment, Managed Care Speaker Deck Version 2.1	17 18 19 20	So I'm I have no way of knowing if this e-mail is in conjunction with this deck. Q. And I'll tell you the way that we, as attorneys, discern that is
15 16 17 18 19 20 21 22 23	the Breakthrough Pain Component MS. RUANE: Yes. MS. HILLYER: that, you're saying, is what is referred to as attachment, Managed Care	17 18 19 20 21	So I'm I have no way of knowing if this e-mail is in conjunction with this deck. Q. And I'll tell you the way

Page 216 of etiology or nat that's n is pain on
nat that's
i is pain on
erence, yes.
a slide deck
rrect?
ER: Objection to
add II
ESS: I'm just
thing in this
the fact that
a template, that
nys Fentora.
reference to
bottom right-hand
I just stated.
ate itself, as I go
s is it has many
is is one of
I don't mean to
Page 217
ou're saying, I'm
re I understand it
stion again.
Fentora
ntora template,
ide deck that
in 2007, correct?
iled to me.
ed to you via
ded to me, yes.
- -
ences "pain is
it does
, it does.
elow that, it
elow that, it
elow that, it

) I	
	Page 218		Page 220
1	beyond the indication for Fentora,	1	marked for identification.)
2	correct?	2	
3	A. This is for speakers. This	3	BY MS. RUANE:
4	is not for promotional use by an account	4	Q. And the first page of this
5	manager. That's what it states.	5	document indicates it's a managed care
6		6	_
7	Q. Sorry. Go ahead.	7	presentation draft for review, correct?
	My question was a little		A. Yes, that's what it says.
8	different.	8	Q. So this would be a
9	You agree that is beyond the	9	presentation.
10	indication for Fentora, correct?	10	It's on a Fentora template,
11	A. For Fentora, yes.	11	right?
12	Q. And so Teva would provide	12	A. Yes, it is.
13	speakers with these slide decks to use	13	Q. Page 2 includes disclosures.
14	when speaking with managed care entities?	14	So there would be it references, in
15	MS. HILLYER: Objection.	15	the first bullet point, I'm an outside
16	Calls for speculation.	16	consultant retained by Cephalon, correct?
17	THE WITNESS: I don't know.	17	A. Correct.
18	BY MS. RUANE:	18	Q. So this would be a document
19	Q. Well, it's a speaker deck	19	used by an outside consultant retained by
20	you just clarified it's a speaker deck	20	Cephalon.
21	A. It is a speaker deck.	21	And this presentation was
22	<u> -</u>		<u>-</u>
23	Q for a speaker, correct?		going to include, based on Exhibit-3,
	MS. HILLYER: Objection to		discussion of off-label uses of Fentora,
24	form.	24	correct?
	Page 219		Page 221
1	Page 219 BY MS. RUANE:	1	A. Second bullet, in a response
1 2	BY MS. RUANE:		A. Second bullet, in a response
	_		A. Second bullet, in a response to an unsolicited request.
2	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same	2	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say
3	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection.	2	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet.
2 3 4	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says	2 3 4	 A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet
2 3 4 5	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The	2 3 4 5	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says.
2 3 4 5 6	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm	2 3 4 5 6 7	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that
2 3 4 5 6 7 8	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail	2 3 4 5 6 7 8	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with
2 3 4 5 6 7 8	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even	2 3 4 5 6 7 8	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be
2 3 4 5 6 7 8 9	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is.	2 3 4 5 6 7 8 9	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak
2 3 4 5 6 7 8 9 10	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is. BY MS. RUANE:	2 3 4 5 6 7 8 9 10	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak on off-label uses of Fentora?
2 3 4 5 6 7 8 9 10 11 12	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is. BY MS. RUANE: Q. I'll tell you what, let's do	2 3 4 5 6 7 8 9 10 11 12	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak on off-label uses of Fentora? MS. HILLYER: Objection to
2 3 4 5 6 7 8 9 10 11 12 13	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is. BY MS. RUANE: Q. I'll tell you what, let's do this. I'm going to mark as Exhibit-16,	2 3 4 5 6 7 8 9 10 11 12 13	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak on off-label uses of Fentora? MS. HILLYER: Objection to form.
2 3 4 5 6 7 8 9 10 11 12 13	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is. BY MS. RUANE: Q. I'll tell you what, let's do this. I'm going to mark as Exhibit-16, the managed care presentation draft for	2 3 4 5 6 7 8 9 10 11 12 13	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak on off-label uses of Fentora? MS. HILLYER: Objection to form. THE WITNESS: Upon
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. RUANE: Q. For a physician? MS. HILLYER: Same objection. THE WITNESS: It says nothing here stating that. The only thing it says is I'm looking at the e-mail and Darren Keese, I don't even know who that is. BY MS. RUANE: Q. I'll tell you what, let's do this. I'm going to mark as Exhibit-16, the managed care presentation draft for review. MS. HILLYER: We don't have a Bates? MS. RUANE: TEVA_MDL09451760. And I can get you a native page for that, I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Second bullet, in a response to an unsolicited request. Q. I'm sorry, I meant to say the third bullet. A. That's what the third bullet says. Q. And that's a process that you were familiar with in your role with managed care, that physicians would be retained and paid by the company to speak on off-label uses of Fentora? MS. HILLYER: Objection to form. THE WITNESS: Upon unsolicited request. BY MS. RUANE: Q. So if there was an unsolicited request by a managed care entity, the next step would be for the company to have an individual physician retained by them go in to speak to the

	ignly confidential - Subject to		-
	Page 222		Page 224
1	Q. So that's a correct	1	A. It was e-mailed to me, so
2	statement?	2	the answer is yes. But I don't know
3	A. If they requested broad use	3	again, I'm confused about pardon me.
4	of Fentora, a presentation on that, then	4	MS. HILLYER: Just to be
5	that would be that request would be	5	clear, I don't know that this was
6	fulfilled.	6	part of that e-mail.
7	Q. Fulfilled, okay.	7	THE WITNESS: In that case,
8	So at those presentations,	8	I don't know.
9	would employees of the company, Cephalon	9	BY MS. RUANE:
10	and then subsequently Teva, be present?	10	Q. I'll figure that out on my
11	A. I don't recall who would be	11	end.
12	present specifically, to be honest with	12	If it was e-mailed to you
	you.	13	well, strike that.
14	Q. Do you have any reason to	14	Let me ask it this way: Do
15	think that the representative from the	15	you have a memory of reviewing managed
- 1	company would not have attended those		care presentations?
17	± •	17	MS. HILLYER: For Actiq and
18	A. No.	18	Fentora?
19	Q. Okay.	19	MS. RUANE: For Fentora.
20	A. Typically, it would be a	20	THE WITNESS: For Fentora?
21	medical person.	21	For promotion?
22	Q. Typically	22	MS. HILLYER: For promotion,
23	A. As I recall.	23	she said.
24	Q. Sorry. Just to make sure I	24	THE WITNESS: For promotion.
	Page 223	1	Page 225
	understand.		BY MS. RUANE:
2	understand. Typically a medical	2	BY MS. RUANE: Q. Let's ask it both ways.
3	understand. Typically a medical person	2	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of
2	understand. Typically a medical person A. Accompanying	2 3 4	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for
2 3 4 5	understand. Typically a medical person A. Accompanying Q within the company would	2 3 4 5	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora?
2 3 4 5 6	understand. Typically a medical person A. Accompanying Q within the company would attend?	2 3 4 5 6	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes.
2 3 4 5 6 7	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a	2 3 4 5 6 7	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of
2 3 4 5 6 7 8	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker.	2 3 4 5 6 7 8	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for
2 3 4 5 6 7 8	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker. Q. Got it. Accompanying a	2 3 4 5 6 7 8	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for speakers?
2 3 4 5 6 7 8 9	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker. Q. Got it. Accompanying a speaker?	2 3 4 5 6 7 8 9	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for speakers? A. I don't I don't remember,
2 3 4 5 6 7 8 9 10	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker. Q. Got it. Accompanying a speaker? A. Yes. Correct.	2 3 4 5 6 7 8 9 10	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for speakers? A. I don't I don't remember, honestly.
2 3 4 5 6 7 8 9 10 11 12	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker. Q. Got it. Accompanying a speaker? A. Yes. Correct. Q. I'm going to say it one last	2 3 4 5 6 7 8 9 10 11	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for speakers? A. I don't I don't remember, honestly. Q. Exhibit-16 that's before
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2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	understand. Typically a medical person A. Accompanying Q within the company would attend? A. Sorry. Accompanying a speaker. Q. Got it. Accompanying a speaker? A. Yes. Correct. Q. I'm going to say it one last time, just to be sure. A. Please do. Q. So in your memory it would typically be an employee of the company within the medical department who would be accompanying the speaker to the presentation? A. That's what I recall, yes. Q. Got it. Have you seen these managed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MS. RUANE: Q. Let's ask it both ways. Do you have a memory of reviewing managed care presentations for promotion of Fentora? A. Yes. Q. Do you have a memory of reviewing managed care presentations for speakers? A. I don't I don't remember, honestly. Q. Exhibit-16 that's before you, did you have any role or responsibility in reviewing or preparing this document? A. Are we talking about this one? Q. Yes. A. Okay. Is there a date associated with this, by the way? Because that will help me give you Q. I mean, it would have been

Page 226	Page 228
1 2006	¹ TEVA_MDL_A_04420139-141, was
A. No, I was not involved with	² marked for identification.)
³ this. This, again, is the for a	3
⁴ physician speaker. I did not and my	⁴ BY MS. RUANE:
⁵ role was not to develop speaker	⁵ Q. You were involved in the
⁶ program speaker slides for speakers.	6 hotline that was available to healthcare
Q. How could we tell how	⁷ providers attempting to obtain coverage
8 could we tell when a managed care	8 for products like Actiq and Fentora,
⁹ presentation is for promotion and	⁹ correct?
something that the managed care team	A. When you say "involved,"
would present? Like, is there a	¹¹ this was work for the entire Cephalon,
distinction made in the way they're	12 the hotline.
13 named?	Q. The hotline, as it relates
A. There should have been. If	14 to you
there wasn't, I don't recall. That's why	15 A. Yes.
¹⁶ I previously was asking you about the	Q we talked earlier about
¹⁷ presentations. This is not something	17 the fact that you were kind of the
that an account manager would present.	subject matter expert on managed care
¹⁹ This stack.	19 issues, right?
Q. Okay. There's a separate	A. What time frame are you
²¹ version well, there's a separate type	21 talking about?
22 of presentation that went through the	Q. Well, let's talk about this
promotion committee to be approved that a	23 e-mail first. This was in 2005.
²⁴ managed care employee would present,	That would have been part of
managea care emprojee would present,	That would have seen part of
Page 227	Page 229
¹ correct?	¹ your role, correct?
 correct? A. A managed care employee 	 your role, correct? A. No. At this point, I was an
 correct? A. A managed care employee would present? You mean a Cephalon 	 your role, correct? A. No. At this point, I was an account manager in the field.
 correct? A. A managed care employee would present? You mean a Cephalon employee under managed care would 	 your role, correct? A. No. At this point, I was an account manager in the field. Q. And you were copied on
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 1 correct? 2 A. A managed care employee 3 would present? You mean a Cephalon 4 employee under managed care would 5 present? 6 Q. Yes. Yes. 7 A. We typically would name them 8 managed care presentation for 	 your role, correct? A. No. At this point, I was an account manager in the field. Q. And you were copied on well, I guess the e-mail chain includes you? A. Yes. Q. And is referencing some
 correct? A. A managed care employee would present? You mean a Cephalon employee under managed care would present? Q. Yes. Yes. A. We typically would name them managed care presentation for presentation for managed care 	 your role, correct? A. No. At this point, I was an account manager in the field. Q. And you were copied on well, I guess the e-mail chain includes you? A. Yes. Q. And is referencing some questions about the hotline for national
 correct? A. A managed care employee would present? You mean a Cephalon employee under managed care would present? Q. Yes. Yes. A. We typically would name them managed care presentation for presentation for managed care decision-makers, that was the common 	 your role, correct? A. No. At this point, I was an account manager in the field. Q. And you were copied on well, I guess the e-mail chain includes you? A. Yes. Q. And is referencing some questions about the hotline for national account managers.
 1 correct? 2 A. A managed care employee 3 would present? You mean a Cephalon 4 employee under managed care would 5 present? 6 Q. Yes. Yes. 7 A. We typically would name them 8 managed care presentation for 9 presentation for managed care 10 decision-makers, that was the common 11 Q. Managed care 	 your role, correct? A. No. At this point, I was an account manager in the field. Q. And you were copied on well, I guess the e-mail chain includes you? A. Yes. Q. And is referencing some questions about the hotline for national account managers. Do you see that?
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Page 230	Page 232
¹ BY MS. RUANE:	¹ an e-mail from Alec Burlakoff?
² Q ask it more generally if	² A. Yes.
³ it's easier and faster, okay?	³ Q. And he's describing a
4 One of the things that would	⁴ situation where a call was made to the
⁵ happen with the hotline was providers	⁵ hotline.
6 could call the hotline and the hotline	6 And the first question asked
⁷ had tools, like letters of medical	⁷ was, Does this patient have cancer?
8 necessity templates, correct?	8 Do you see that?
9 A. Correct.	9 A. Yes, I do.
	Q. And the office staff said
Q. There may be office documents	11 no.
that help with prior addiorization of an	
appears documentation issue, right.	Do you see that:
71. Concet.	A. 103.
Q. And so what the hotline was	Q. And the person from the
15 intended to do, at least in part, was	hotline says, Sorry, we cannot help you,
help patients secure coverage for the	have a nice day, and hung up.
¹⁷ products carried by Cephalon and then	Do you see that?
18 Teva, right?	¹⁸ A. Yes, I see that.
A. It was the intent of the	Q. The discussion is, it's
²⁰ hotline was to help the physician's	²⁰ described as a mishap by Alec, correct?
²¹ office and/or the patient navigate the	He says, I truly believe
²² process to submit prior authorizations	²² these mishaps are partly the reason for
²³ for access.	²³ the lack of hotline usage. It is a
Q. Okay.	24 shame.
Page 231	Paga 223
Page 231	Page 233
¹ A. It's about the process.	¹ A. That's his opinion.
A. It's about the process. Q. And sometimes	A. That's his opinion. Q. The e-mail is then forwarded
A. It's about the process. Q. And sometimes MS. RUANE: I'm going to	A. That's his opinion. Q. The e-mail is then forwarded to you
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Page 234 Page 236 A. Yes. Q. So it would be your O. So this was a call for a ² expectation, and the reason you were ³ following up was so that the hotline was patient who would be receiving Actiq for an off-label purpose, correct? ⁴ not seeking information that would A. That's what that -- that's determine whether a patient had cancer --MS. HILLYER: Objection to ⁶ what -- I'm sorry. That's what Randy states. the form. 8 O. And so the hotline was BY MS. RUANE: ⁹ correct to ask whether the patient had Q. -- as the initial question ¹⁰ cancer, because that's the indication for on the call? 11 ¹¹ the drug, correct? A. The reason I was following 12 MS. HILLYER: Objection to up is if this was a patient assistance 13 program, it may be appropriate to ask form. 14 that, because the patient wouldn't 14 THE WITNESS: That is not qualify, you know, for patient 15 correct. ¹⁶ assistance. ¹⁶ BY MS. RUANE: 17 17 Q. The question, does this And there was a warm patient have cancer, is intended to transfer, as I recall, for the patient determine whether this is a patient assistance program, which was sort of ²⁰ within the indication for the label of there was a firewall between ²¹ the drug, correct? reimbursement hotline services and the 22 A. No. patient assistance program, or otherwise 23 ²³ referred to as PAP. Q. Why not? 24 A. I can't -- if you read Lynn And if this wasn't a patient Page 235 Page 237 ¹ Macilwain on the first page, patient ¹ assistance program call --² assistance program. Our patient A. Yes. ³ assistance program is different than the Q. -- if this was just a call ⁴ hotline, although they facilitated the ⁴ for a patient of any other sort, your ⁵ call. ⁵ expectation is that whether they were a ⁶ cancer patient would not be relevant to And the patient assistance ⁷ whether the hotline was providing ⁷ program was only for patients with ⁸ breakthrough cancer pain. services to them for reimbursement? Q. But you were concerned about A. Correct. Q. Because the purpose of the ¹⁰ the possibility of patients who don't 10 11 have cancer not being able to move 11 hotline was to provide reimbursement 12 forward through the hotline and obtain services, even if the patient did not ¹³ additional information in order to seek ¹³ have cancer, correct? ¹⁴ reimbursement, correct? A. It was not based on 15 diagnosis. There may have been prior A. No. The issue would be, ¹⁶ auth criteria beyond the diagnosis, of ¹⁶ based on my recollection, the training of which, again, navigating the process for the customer service hotline. 18 The first question you don't coverage was relatively foreign to a lot ¹⁹ have to -- you would not necessarily have of these offices, and that was the intent ²⁰ to -- you wouldn't ask, is the diagnosis. of the service. ²¹ The hotline is providing reimbursement 21 It was up to the physician ²² support services, to include prior auth ²² to determine what was an appropriate ²³ forms, although we talked about, not patient and go through that process.

24

²⁴ based on diagnosis.

Q. But the intent of the

	- Turener confidenciality hevrew
Page 238	Page 240
¹ service, to the extent possible, was to	Q. When you received this
² provide reimbursement services for	² e-mail, you were and received Randy's
³ uses for use of the product even if it	³ e-mail indicating the initial reason for
⁴ is beyond the indication on the label,	⁴ the call was for a noncancer patient, you
⁵ correct?	⁵ were aware of the fact that that would be
6 MS. HILLYER: Objection to	⁶ a patient, then, who was prescribed the
⁷ the form.	⁷ drug for off-label use, correct?
8 THE WITNESS: Why don't you	8 A. Correct.
⁹ rephrase that for me so I can give	⁹ Q. And you're aware of the fact
you a concise answer?	¹⁰ that for a while, at least, the hotlines
¹¹ BY MS. RUANE:	¹¹ had at their disposal letters of medical
Q. The purpose of the hotline	12 necessity as one of the tools to
was to provide reimbursement services to	¹³ facilitate reimbursements?
¹⁴ a provider, even if the particular	A. There was a period of time.
patient did not fall within the	¹⁵ I don't recall how long it was, actually.
¹⁶ indication on the label?	Q. The letters of medical
A. The diagnosis is not	¹⁷ necessity included a range of conditions,
18 included in a reimbursement support	¹⁸ and you would agree some of those
19 service. It's just not. It's not a	¹⁹ conditions were off-label uses, correct?
²⁰ screening based on your indication.	A. As I recall. I don't have a
Q. So you would agree, then,	²¹ recollection of exactly what they were.
22 that the hotline was not screening based	Q. We can get them out if we
²³ on whether a patient was receiving	²³ need to.
24 services on indication within the	24 A. Okay.
	·
Page 239	Page 241
indication or outside of the indication?	Q. But, for example, there
A. They would if they wanted	² might be a letter of medical necessity
³ reimbursement support services, typically	³ related to back pain?
4 the prior auth form would be sent to the	4 MS. HILLYER: Objection.
⁵ office staff. The office staff includes	⁵ Calls for speculation. She said
⁶ relevant information, to include	she doesn't remember the
⁷ diagnosis.	⁷ specifics.
8 And the part of the part	8 BY MS. RUANE:
⁹ of the reimbursement support service was	⁹ Q. Do you have a memory of
¹⁰ to help facilitate that process not	10 that?
¹¹ specific to diagnosis. There's lots of	¹¹ A. No.
¹² information required on pre-A forms.	Q. Okay. Actually, before I
Q. Are you aware of the fact	¹³ bring up another exhibit, let me ask you,
that Burlakoff pled guilty for illegal	¹⁴ those letters of medical necessity were
¹⁵ promotion of a product by your	¹⁵ used, I know you don't remember exactly
116 0.1 0	when, it looks to me from 2008 to 2011.
¹⁶ competitor, Subsys?	when, it looks to life from 2006 to 2011.
15 competitor, Subsys? 17 MS. HILLYER: Objection.	Would that be consistent
MS. HILLYER: Objection.	Would that be consistent
 MS. HILLYER: Objection. Calls for speculation. Assumes 	Would that be consistent with your memory, or do you know?
17 MS. HILLYER: Objection. 18 Calls for speculation. Assumes 19 facts not in evidence.	Would that be consistent with your memory, or do you know? A. I don't know the dates.
MS. HILLYER: Objection. Calls for speculation. Assumes facts not in evidence. BY MS. RUANE:	Would that be consistent Would that be consistent Would that be consistent A. I don't know the dates. Okay. Do you know why the
MS. HILLYER: Objection. Calls for speculation. Assumes facts not in evidence. BY MS. RUANE: Q. Are you aware of that?	Would that be consistent with your memory, or do you know? A. I don't know the dates. Okay. Do you know why the tetters of medical necessity program was
MS. HILLYER: Objection. Calls for speculation. Assumes facts not in evidence. BY MS. RUANE: Q. Are you aware of that? A. No.	Would that be consistent with your memory, or do you know? A. I don't know the dates. Okay. Do you know why the tetters of medical necessity program was discontinued in 2011?

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Page 242	Page 244
¹ about the reason for the discontinuation	1
² of that program?	² (Whereupon, Teva-Bearer
³ A. No, not no, I don't	³ Exhibit-19,
⁴ recall having a conversation about it.	⁴ TEVA_MDL_A_01204074-092, was
⁵ Q. Are letters of medical	⁵ marked for identification.)
⁶ necessity still used for on-label use of	6
⁷ the products?	⁷ BY MS. RUANE:
8 MS. HILLYER: For Actiq and	⁸ Q. This is a Vantrela strategic
⁹ Fentora?	⁹ brand plan.
THE WITNESS: For Actiq and	And you were involved in the
Fentora?	11 strategy associated with the Vantrela
12 BY MS. RUANE:	¹² project product, correct?
O. For Fentora.	A. As it related to market
MS. HILLYER: Objection to	14 access, yes.
15 form.	
	Q. So within market access, one
Tou can answer if you know.	of your jobs was to determine whether managed care would pay for a product like
Dut she's not in that fole	indiagon out would put for a product into
anymore.	18 Vantrela?
THE WITNESS: We don't	19 A. Yes.
support Fentora.	Q. Were you involved in the
21 BY MS. RUANE:	²¹ creation of the strategic brand plan for
Q. A better question might be,	²² Vantrela?
²³ during the time that Fentora was on the	A. The brand plan itself, no.
²⁴ market	Q. What portion of the Vantrela
Page 243	Page 245
Page 243 1 A. Yes.	
¹ A. Yes.	¹ strategy would you have been involved in?
A. Yes. Q being supported, were	 strategy would you have been involved in? A. Payer strategy.
A. Yes. Q being supported, were letters of medical necessity for the	 strategy would you have been involved in? A. Payer strategy. Q. Got it.
 A. Yes. Q being supported, were letters of medical necessity for the within-indication use of Fentora still 	 strategy would you have been involved in? A. Payer strategy. Q. Got it. And the payer strategy would
A. Yes. Q being supported, were letters of medical necessity for the within-indication use of Fentora still available, even after the off-label	 strategy would you have been involved in? A. Payer strategy. Q. Got it. And the payer strategy would be the strategy for, basically, building
A. Yes. Q being supported, were letters of medical necessity for the within-indication use of Fentora still vailable, even after the off-label letters of medical necessity had been	 strategy would you have been involved in? A. Payer strategy. Q. Got it. And the payer strategy would be the strategy for, basically, building the case for payers to understand the
A. Yes. Q being supported, were letters of medical necessity for the within-indication use of Fentora still available, even after the off-label letters of medical necessity had been discontinued?	 strategy would you have been involved in? A. Payer strategy. Q. Got it. And the payer strategy would be the strategy for, basically, building the case for payers to understand the benefit of providing coverage for a drug
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A. Yes. Q being supported, were letters of medical necessity for the within-indication use of Fentora still available, even after the off-label letters of medical necessity had been discontinued? A. I don't recall. Q. Okay. Do you have any	 strategy would you have been involved in? A. Payer strategy. Q. Got it. And the payer strategy would be the strategy for, basically, building the case for payers to understand the benefit of providing coverage for a drug like Vantrela? A. Correct.
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	D 046		D 240
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	on the executive summary is, Abuse and	1	to what you were asking me I
2	imbuse of opioids.	2	mean, no.
3	Do you see that?	3	BT MB. ROTH L.
4	A. Sorry.	4	Q. You don't believe that to be
5	Yes.		true?
6	Q. It talks about, The	6	A. I'm answering the question
′	prevalence of prescription opioid abuse	′	based on what you provided me here.
8	and misuse that has increased in the past	8	There is no
9	decade and poses a serious public health	9	Q. I just want to make sure I
11	issue.	1	understand your answer.
	Do you see that?	11	You don't believe that there
12	A. Yes.		is a serious public health issue that's
13	Q. Do you agree with that		posed by the prevalence of prescription
14	characterization?		opioid abuse and misuse in our nation
15	MS. HILLYER: Objection to	15	over the past decade?
16	form. And also lack of	16	MS. HILLYER: Objection to
17	foundation. She testified that	17	form.
18	she didn't have anything to do	18	THE WITNESS: If you're
19	with this document.	19	asking sorry.
20	BY MS. RUANE:	20	There are statistics to
21	Q. We can go on and look at	21	suggest that there is an opioid
22	some others that you did.	22	epidemic. I don't have any I
23	I'm just asking you right	23	did not have anything to do with
24	now, as it relates to the prevalence of	24	this document. So that was my
		-	
	Page 247		Page 249
1	Page 247 opioid abuse and misuse that's increased	1	Page 249 previous answer.
		1 2	previous answer.
	opioid abuse and misuse that's increased	١.	previous answer.
3	opioid abuse and misuse that's increased over the past decade and now poses a	2 3	previous answer. BY MS. RUANE:
3 4	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that	3 4	previous answer. BY MS. RUANE: Q. But you have seen the
3 4	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to	3 4	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic
2 3 4 5	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to be true?	2 3 4 5	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic and the societal cost associated with
2 3 4 5 6	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to be true? MS. HILLYER: Objection to	2 3 4 5 6	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic and the societal cost associated with that?
2 3 4 5 6 7	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to be true? MS. HILLYER: Objection to form.	2 3 4 5 6 7	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic and the societal cost associated with that? A. Yes.
2 3 4 5 6 7 8	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to be true? MS. HILLYER: Objection to form. THE WITNESS: I don't	2 3 4 5 6 7 8	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic and the societal cost associated with that? A. Yes. MS. HILLYER: Objection to
2 3 4 5 6 7 8 9	opioid abuse and misuse that's increased over the past decade and now poses a serious public health issue, is that something that you personally believe to be true? MS. HILLYER: Objection to form. THE WITNESS: I don't have I'm not going to offer my	2 3 4 5 6 7 8	previous answer. BY MS. RUANE: Q. But you have seen the statistics related to the opioid epidemic and the societal cost associated with that? A. Yes. MS. HILLYER: Objection to form. THE WITNESS: Sorry.
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	Page 250	Page 252
1	_	
2	Exhibit-20,	Q. Okay. On 252, you identify
3	TEVA_MDL_A_09191592-593, with	² the fact that the misuse, abuse and
4	attachment, was marked for	³ diversion of opioids is a major public
5	identification.)	 4 health concern, correct? 5 A Yes And they are all
6	MC DIJANE: I'm going to	 A. Yes. And they are all referenced.
7	MS. RUANE: I'm going to hand you what's been marked as	7 Q. And if you look at the
8	Exhibit-20. For the record, this	8 bottom, your references are there?
9	is TEVA_MDL_A_09191592.	9 A. Correct.
10	THE WITNESS: Are we	Q. And you identify the fact
11	finished with this one?	11 that one in twenty Americans over 12
12	MS. RUANE: For now.	¹² abused opioids in 2010, correct?
13	BY MS. RUANE:	13 A. Based on the reference,
14	Q. This document includes a	14 correct.
15	managed care overview for Vantrela on	¹⁵ Q. You also identify the fact
16	Page 248?	that one in three drug-related emergency
17	A. Yep.	¹⁷ room visits were opioid related in 2011,
18	Q. And this is a document that	18 correct?
19	you	19 A. Yep.
20	MS. HILLYER: You said 248?	Q. And you cited 18,000
21	MS. RUANE: 248, yes.	overdose deaths in 2014, correct?
22	MS. HILLYER: Oh, sorry,	A. Cited it.
23	hold on. 1592, 1593 these are	Q. You included it in there
24	not sequential. 191593, and then	with the citation?
	-	D 05
	Dog 251	
1	Page 251	Page 250
1 2	I jump to 83248.	¹ A. Yes, I'm sorry. That's what
2	I jump to 83248. MR. GASTEL: It's the	¹ A. Yes, I'm sorry. That's what ² I said. Sorry. Cited, yes.
2 3	I jump to 83248. MR. GASTEL: It's the attachments to previous e-mails.	 A. Yes, I'm sorry. That's what I said. Sorry. Cited, yes. Q. Sorry. And you also
3 4	I jump to 83248. MR. GASTEL: It's the attachments to previous e-mails. MS. HILLYER: But this	 A. Yes, I'm sorry. That's what I said. Sorry. Cited, yes. Q. Sorry. And you also identified a more than 300 percent
2 3 4 5	I jump to 83248. MR. GASTEL: It's the attachments to previous e-mails. MS. HILLYER: But this e-mail has several attachments	 A. Yes, I'm sorry. That's what I said. Sorry. Cited, yes. Q. Sorry. And you also identified a more than 300 percent increase in overdose deaths from 1999 to
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Page 254	Dogo 256
Page 254 MS_HILLYER: Objection to	Page 256
Wis. Thee Text. Objection to	Q. And you chose to define it
the form. This cans for	² as, Opioid abuse posing a substantial
speculation.	³ economic burden, right?
THE WITHLESS. They are	4 A. Economic, yes.
5 facts.	⁵ Q. And you include the fact
6 BY MS. RUANE:	6 that there's, in the United States, in
Q. And they're facts you chose	7 the year 2015 there's \$27.6 billion in
8 to put in here for a reason, right?	8 healthcare costs, correct?
⁹ A. They are facts. We are	9 A. Yes. And that's a yes.
looking at an abuse-deterrent	Q. You also included \$28.3
formulation, and these are facts	billion in workplace costs?
associated with, perhaps, the unmet need.	A. Yes.
Q. With, I'm sorry?	Q. And \$5.6 billion in criminal
A. These are facts associated	justice costs?
with that reference. That's what I'm	A. That's correct.
saying.	Q. For a total societal cost,
Q. They're facts associated	in 2015 alone, of \$61.5 billion, correct?
with the opioid epidemic and opioid	A. Correct.
abuse, correct?	Q. My question for you is, who
A. The word we use is a misuse,	²⁰ do you believe should pay for the \$61.5
²¹ abuse and diversion.	billion per year in total societal cost?
Q. Okay. They are facts that	MS. HILLYER: Objection to
²³ are significant to explain to a managed	²³ form.
²⁴ care facility just how dire the opioid	THE WITNESS: You're asking
Page 255	Page 257
Page 255 1 use, abuse and diversion has become in	_
¹ use, abuse and diversion has become in	¹ my opinion?
 use, abuse and diversion has become in America, correct? 	 my opinion? BY MS. RUANE: Q. Yeah. I'm asking whether
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	taremer communication neview
Page 258	Page 260 1 MS HILLYER: Same
the appropriate thing to do would be for	WID. THEE TER. Dame
those companies to forfeit those profits	objections.
in order to address the societal costs	THE WITNESS: I'm not an
4 that they have created?	attorney and, therefore, cannot
5 MS. HILLYER: Objection to	5 provide an opinion as to to
form. And assumes facts not in	answer your question.
evidence. And calls for a legal	⁷ MS. HILLYER: Sarah, do you
8 conclusion.	⁸ want to separate these as
⁹ BY MS. RUANE:	9 documents, because they don't
Q. Wouldn't you agree, Ms.	actually belong together? Or how
¹¹ Bearer?	do you want to
MS. HILLYER: Same	¹² MR. GASTEL: They definitely
objections.	belong together. There's just
THE WITNESS: I'm not an	numerous attachments and they are
attorney. You're asking for me to	all not
provide you a response that	MS. HILLYER: So it's just
implies a legal reference that	missing the in-between attachments
¹⁸ I'm sorry. I'm not an attorney.	you're saying? I see. As long as
¹⁹ BY MS. RUANE:	we're clear on the record, that's
Q. And with all respect, I'm	20 fine.
21 not asking for an opinion or a legal	THE WITNESS: Are we
²² opinion right now.	finished with this?
23 I'm I understand that you	MS. HILLYER: That one goes
²⁴ identified, as an important thing for	before that.
Page 259	Page 26
¹ third-party well, strike that for	¹ THE WITNESS: So we're
² managed care entities to know is that	² finished with both of them, okay.
³ there's \$61.5 billion a year right now	³ Sounds good.
⁴ that American society is bearing as a	4 MS. HILLYER: We've been
⁵ result of the opioid epidemic.	⁵ going about an hour. If you have
6 A. Yes.	6 another quick document, we can do
⁷ MS. HILLYER: Objection.	⁷ it, but
8 BY MS. RUANE:	8 MS. RUANE: Let's take a
⁹ Q. And because that's a	⁹ quick break.
¹⁰ decision or that's information that	VIDEO TECHNICIAN: Going off
11 you found significant at the time of	the record. 2:25.
working on Vantrela, I'm wondering what	12
¹³ your personal opinion is as to who bears	(Whereupon, a brief recess
the burden for that cost.	was taken.)
¹⁵ MS. HILLYER: Objection to	15
form. Mischaracterizes the	VIDEO TECHNICIAN: Back on
document. Assumes facts not in	record at 2:39 p.m.
document. Assumes facts not in	18 BY MS. RUANE:
 evidence. And same objections I made before. And asked and 	
	Q. We to buck on the record
answered repeatedly now. She's	20 after a short break.
 answered repeatedly now. She's answered your question. 	You understand you're still
 answered repeatedly now. She's answered your question. BY MS. RUANE: 	You understand you're still under oath?
 answered repeatedly now. She's answered your question. 	You understand you're still

1	Page 262		Page 264
1 v	what's been marked as Exhibit-21.	1	Q. What do you mean by
2		2	A. Sorry.
3	(Whereupon, Teva-Bearer	3	Q. What do you mean by "market
4	Exhibit-21,	4	access strategy"?
5	TEVA_MDL_A_09165564-565, with	5	A. I mean as referenced prior,
6	attachment, was marked for	6	where I would lead the market access
7	identification.)	7	subteam.
8		8	So Jeff would have been the
9 E	BY MS. RUANE:	9	brand director over the entire brand
10	Q. And there's the e-mail	10	strategy. And my portion of the market
¹¹ it	tself which, for the record, is	11	access strategy was not is what, you
	TEVA_MDL_A_0916564 to 65, and then the	12	know, I leaded, like, a subteam, for
	attachment is included on the back there.	13	example, basically.
14	This is a managed care mag	14	Q. And so the market access
¹⁵ a	article for opioids.	15	subteam would be dealing with how to
16	This is an e-mail chain that	16	properly brand and market to the managed
¹⁷ iı	ncludes you and Jeff Dierks, at least at	17	care facility or managed care
	he top.	18	entities, correct?
19	Do you see that?	19	A. We would provide input, if
20	A. I do.	20	nothing so to be clear, market access,
21	Q. Who is Jeff Dierks?	21	•
22	A. He was the brand director at		the brand as a total, the brand strategy,
23 tl	he time for Fentora.		minus just a subset.
24	Q. You said brand director for	24	Q. So your team is actually
1 1	Page 263	1	Page 265
1 F	Fentora?	2	under the brand team for Teva?
3	A. Yes.		A. I did not report in to the
	Q. You wrote Jeff about the		brand team. But I am a dotted line
4 a	rticle titled, The Societal and Economic		
5 T		_ ا	representing the market access payer
	Burden of Chronic Pain and Opioid Abuse,	5	strategy.
6 c	Burden of Chronic Pain and Opioid Abuse, correct?	_ ا	strategy. Q. Okay. What is is there a
6 c	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes.	5 6 7	strategy. Q. Okay. What is is there a line up above brand? What does it go to?
6 c 7	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes. Q. Do you remember this?	5 6 7 8	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top
6 c 7 8	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes. Q. Do you remember this? A. It's coming back to me.	5 6 7 8 9	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to
6 c 7 8 9	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you	5 6 7 8 9	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form.
6 C 7 8 9 10	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you efference the fact that there is no	5 6 7 8 9 10	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE:
6 C 7 8 9 10 11 re	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no	5 6 7 8 9 10 11 12	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities?
6 C 7 8 9 10 11 re 12 C 13 k	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no knowledge of this.	5 6 7 8 9 10 11 12	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that
6 c 7 8 9 10 11 re 12 c 13 k	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no cnowledge of this. Are you referring to the	5 6 7 8 9 10 11 12 13	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question.
6 c 7 8 9 10 11 re 12 c 13 k 14 15 a	Burden of Chronic Pain and Opioid Abuse, correct? A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chowledge of this. Are you referring to the article itself?	5 6 7 8 9 10 11 12 13 14 15	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again.
6 c 7 8 9 10 11 rc 12 c 13 k 14 15 a	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no knowledge of this. Are you referring to the article itself? A. Yes.	5 6 7 8 9 10 11 12 13 14 15 16	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are
6 c 7 8 9 10 11 rc 12 c 13 k 14 15 a 16	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no cnowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes?	5 6 7 8 9 10 11 12 13 14 15 16	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level?
6 C 7 8 9 10 11 r 12 C 13 k 14 15 a 16 17 18	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes? A. Yes.	5 6 7 8 9 10 11 12 13 14 15 16 17	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing,
6 C 7 8 9 10 11 re 12 C 13 k 14 15 a 16 17 18	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes? A. Yes. Q. I didn't hear you.	5 6 7 8 9 10 11 12 13 14 15 16 17 18	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing, sorry.
6 C 7 8 9 10 11 rc 12 c 13 k 14 15 a 16 17 18 19 20	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no cnowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes? A. Yes. Q. I didn't hear you. You indicate, There is no	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing, sorry. So when we say "brand,"
6 C 7 8 9 10 11 r 12 C 13 k 14 15 a 16 17 18 19 20 21 C	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chnowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes? A. Yes. Q. I didn't hear you. You indicate, There is no collaboration with regard to the market	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing, sorry. So when we say "brand," we're saying brand marketing, I
6 C 7 8 9 10 11 re 12 C 13 k 14 15 a 16 17 18 19 20 21 C 22 a	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chowledge of this. Are you referring to the reticle itself? A. Yes. Q. That's a yes? A. Yes. Q. I didn't hear you. You indicate, There is no collaboration with regard to the market access strategy.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing, sorry. So when we say "brand," we're saying brand marketing, I apologize.
6 C 7 8 9 10 11 r 12 C 13 k 14 15 a 16 17 18 19 20 21 C	A. Yes. Q. Do you remember this? A. It's coming back to me. Q. In your e-mail to Jeff, you reference the fact that there is no collaboration you said, I had no chnowledge of this. Are you referring to the article itself? A. Yes. Q. That's a yes? A. Yes. Q. I didn't hear you. You indicate, There is no collaboration with regard to the market	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	strategy. Q. Okay. What is is there a line up above brand? What does it go to? Or is brand one of the top MS. HILLYER: Objection to the form. BY MS. RUANE: Q entities? I may not be explaining that right. It may just be a bad question. Let me try again. What about marketing, are marketing and brand on the same level? A. That's the same thing, sorry. So when we say "brand," we're saying brand marketing, I

	igniy Confidential - Subject to	_	
	Page 266		Page 268
1	brand/marketing?	1	form. You mean as to all the
2	A. Correct.	2	products that came under her
3	Q. The market access strategy	3	umbrella?
4	that's being discussed here as it relates	4	MS. RUANE: No.
5	to managed care, were you responsible for	5	BY MS. RUANE:
6	managing a budget and	6	Q. Is your budget divided up by
7	A. Yes.	7	product?
8	Q and implementing certain	8	A. Yes.
9	marketing, as a result, to managed care	9	Q. So let's take Fentora.
10	facilities?	10	A. Yes.
11	A. We don't market to. We	11	Q. What were the kind of line
12	would have projects associated with	12	items or potential options that you would
13	developing a strategy. And that was the	13	have under the Fentora budget that you
14	budget.	14	managed for market access strategy?
15	That was what the budget was	15	MS. HILLYER: Objection to
16	used for, payer research, all sorts of	16	form. Vague as to time frame.
17	things along those lines.	17	THE WITNESS: So if
18	Q. Do you recall, for example,	18	specifically, the projects are
19	in the year 2015, the estimate of what	19	dependent on the time frame. So
20	your budget was that you were handling?	20	if you want to give me if you
21	MS. HILLYER: For Fentora?	21	go to a long strategy, the
22	BY MS. RUANE:	22	projects are different as you
23	Q. For Fentora.	23	evolve a strategy.
24	MS. RUANE: That's a good	24	BY MS. RUANE:
		1	
	Page 267		Page 269
1	Page 267	1	Page 269 O So in when Fentora
1 2	point. Thanks.		Q. So in when Fentora
	point. Thanks. MS. HILLYER: Assumes facts	2	Q. So in when Fentora launched, let's talk about the 2007/2008
2	point. Thanks. MS. HILLYER: Assumes facts not in evidence.	2 3	Q. So in when Fentora launched, let's talk about the 2007/2008 time frame, what types of line items
2 3	point. Thanks. MS. HILLYER: Assumes facts not in evidence. THE WITNESS: I would be	2 3 4	Q. So in when Fentora launched, let's talk about the 2007/2008 time frame, what types of line items would have been in that budget?
2 3 4	point. Thanks. MS. HILLYER: Assumes facts not in evidence. THE WITNESS: I would be guessing if I told you. I don't	2 3 4 5	Q. So in when Fentora launched, let's talk about the 2007/2008 time frame, what types of line items would have been in that budget? A. It would have been the
2 3 4 5	point. Thanks. MS. HILLYER: Assumes facts not in evidence. THE WITNESS: I would be guessing if I told you. I don't recall specifically. I had other	2 3 4 5	Q. So in when Fentora launched, let's talk about the 2007/2008 time frame, what types of line items would have been in that budget? A. It would have been the development of a payer presentation
2 3 4 5 6	point. Thanks. MS. HILLYER: Assumes facts not in evidence. THE WITNESS: I would be guessing if I told you. I don't recall specifically. I had other brands.	2 3 4 5 6 7	Q. So in when Fentora launched, let's talk about the 2007/2008 time frame, what types of line items would have been in that budget? A. It would have been the development of a payer presentation tactic specifically for at the launch,
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Page 270 Page 272 ¹ have a third party to identify a ¹ with payers. But it's all third-party ² population representative of, say, ² facilitated. ³ commercial payers. It's blinded. The Q. So one of the things that ⁴ third party engages. ⁴ concerns you about the article that is There are objectives and being referenced in your e-mail is the fact that you weren't consulted on how to ⁶ research. And that research comes back ⁷ and it is taken into consideration as appropriately paint the picture or you're developing your value proposition address market access strategy, correct? for the payer and messaging. A. No. 10 10 That's one example. MS. HILLYER: Objection to 11 Q. And you all engaged in that 11 form. process with the drug Fentora? 12 BY MS. RUANE: 13 MS. HILLYER: Objection to Q. You define -- or in your 14 e-mail you describe this article as a form. 15 THE WITNESS: That would promotional tactic? 16 A. I'm trying to remember where be -- that would be the norm. If 17 17 it was published. you're asking me specifically I'll tell you what I was 18 during that time, it was a 19 upset about is it was done in a vacuum, partnership between marketing and 20 and I wasn't consulted. I didn't have an my role. opinion one way or the other, as I BY MS. RUANE: 22 O. Okay. You also reference recall, about the content itself. 23 targeting patient profile, message But from a role and testing and positioning, et cetera. ²⁴ responsibility, anything that touched Page 273 Page 271 ¹ managed care would have been -- at least 1 A. Yes. ² I would have been involved with. And O. Explain for me what you mean ³ there. ³ this was done in a silo, and that's ⁴ really the tone of this. The target patient profile, ⁵ you paint a picture for the physician --So why wasn't I consulted ⁶ sorry, the payer as to the appropriate and I'm hearing about it after the fact? ⁷ population where a product would be --O. You do describe the article ⁸ would be appropriate -- sorry, as a promotional tactic, correct? ⁹ appropriate for, you know, characterizing A. Well, because, I guess, it ¹⁰ the enrollment within a plan, who is the went through PARC and it went through --¹¹ I'm trying to remember where it was ¹¹ appropriate patient, based on research. ¹² Sometimes analogs are used. published. Disease State Report. 13 I'm sorry, you asked me 13 So this is not a scientific about target patient population? publication, as I remember. Therefore, 15 it would be considered -- it's not like O. Yes. A. Payers want to quantify how we would use it in promotion. It's just 16 many patients in their plan would be a matter of certain publications -- our medical team is the publication team. We candidates for a therapy. So through 19 research, we're able to at least make have nothing to do with that. some assumptions. This is -- if we submit an 21 And unless you want me to go 21 article or have -- or if there's an ²² into all the details of how you do that, ²² article submitted that we had any ²³ it's extensive. You can look at analogs. ²³ editorial content with, it's not ²⁴ You can have one-on-one conversations ²⁴ considered scientific in general.

Н	ignly Confidential - Subject t	0	Further Confidentiality Review
	Page 274		Page 276
1	Q. It's considered promotional	1	Q. And in the example here,
2	and it goes through PARC, correct?	2	this article was submitted to PARC, was
3	A. That's what I'm told here,	3	then published, it looks like, maybe in a
4	this went through PARC.	4	managed care magazine?
5	Q. And what is PARC?	5	MS. HILLYER: Objection to
6	A. Promotional advertising	6	form.
7	review committee. It's our	7	THE WITNESS: I really don't
8	medical/legal/regulatory. It's just an	8	know.
9	acronym.	9	BY MS. RUANE:
10	Q. I'm sorry, say that again.	10	Q. The link at the end says
11	Promotional	11	Managed Care Mag.com, so.
12	A. We have too many acronyms.	12	Is Managed Care Magazine
13	Promotion and advertising	13	something you're familiar with?
14	review committee, I believe. We just	14	A. Yes. Yes, that would be.
15	call it PARC. You get used to it, and	15	Q. You also criticize the
16	you don't know what it means.	16	caliber of the managed care experts and
17	Q. So PARC, the promotional	17	indicate they would have been held to a
18	advertising review committee, you	18	higher standard if you had the
19	mentioned medical/legal there. And I	19	opportunity to weigh in.
20	want to make sure I understand what you	20	Do you see that?
21	were saying.	21	A. I see it.
22	Is there a medical review	22	Q. What was your criticism of
23	that occurs when items are submitted to	23	the experts used?
24	PARC?	24	A. I'd have to go back and read
	Page 275		Page 277
1	A. So PARC is a committee. On	1	it. I apologize, I don't remember.
2	the committee is an attorney, a regulator	2	
3	and a medical.	3	
4	Q. But the items that are	4	
5	submitted to PARC are items the	5	Well, I was forming an
6	submission to PARC is separate and apart	6	opinion based on the way, at the time, I
7	from items submitted through medical	7	interpreted the level of knowledge or
8	services, correct?	8	background and the credibility,
9	A. Yes.	9	potentially.
10	Q. Okay. And items submitted	10	It was probably an emotional
11	through PARC, members of the managed care	11	response to the fact that I wasn't
12	team may discuss during their	12	involved. But I'm not familiar with
13	interactions with managed care entities,	13	either of these two individuals. And the
14	correct?	14	target audience for an article like this
15	A. That would depend.	15	would have been other managed care
16	Q. They aren't prohibited from	16	organizations.
17	doing so, correct?	17	Q. It indicates you're
18	A. The way our PARC works is	18	familiar with Pain Matters?
19	the audience has to be a part of the	19	A. I'm familiar with it. I

²³ decision-makers, that would be a piece

²⁰ project. So there will be sales as the

²² pieces. There will be managed care

²⁴ that a rep wouldn't have access to.

²¹ audience -- HCPs, so those will be sales

²⁰ mean, I know of it. I had nothing to do

²¹ with any -- no involvement whatsoever

²⁴ Pain Matters, if you know, and the

Q. Okay. Who was involved with

²² with Pain Matters.

	ignly Confidential - Subject to		
	Page 278		Page 280
	implementation of that?	1	chronic pain?
2	A. The only individual that	2	MS. HILLYER: Objection.
	comes to mind is Matt Day. There may	3	Calls for speculation. Lack of
4	have been others.	4	foundation.
5	Q. Did you advise or serve as a	5	THE WITNESS: I never saw
6	supervisory role with Matt Day on Pain	6	anything that said, this is
7	Matters?	7	what you know, the intent. I
8	A. No.	8	don't recall seeing any document
9	Q. Have you been to the Pain	9	that said Pain Matters is intended
10	Matters website?	10	to.
11	A. No.	11	BY MS. RUANE:
12	Q. This e-mail references the	12	Q. Sitting here today, do you
13	fact that they leverage Pain Matters	1	have an understanding of what Pain
14	content.	14	Matters is?
15	Are you aware of what	15	A. It's exactly as you
16	Jeffrey Dierks was referring to when he	16	described it, based on what I have heard.
17	said that in his response to you?	17	But, again, I have not gone through the
18	MS. HILLYER: Objection.	18	website.
19	Calls for speculation.	19	In my role with payers, this
20	THE WITNESS: No.	20	is not something that would involve the
21	BY MS. RUANE:	21	payer community.
22	Q. So you hadn't weighed in on	22	Q. Okay. But just based on
23	any Pain Matters content?	23	sitting in meetings and hearing updates
24	A. No, no.	24	from different departments, your memory
-	P 270		
	Page 279		Page 281
1	Page 279 O. Do you have a general	1	Page 281 is that it's as I described it. a
	Q. Do you have a general	1	is that it's as I described it, a
2	Q. Do you have a general understanding that Pain Matters was used	1	is that it's as I described it, a resource to educate on chronic pain?
2 3	Q. Do you have a general understanding that Pain Matters was used to educate and promote on the issues of	3	is that it's as I described it, a resource to educate on chronic pain? A. The way I understood it was
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	Page 282		Page 284
1	I don't know how it was presented to	1	then you do your redirect.
2	PARC. And I don't know what criteria	2	MS. HILLYER: We can do
3	they used for approval.	3	that. That's okay by me.
4	Q. What you know is that it	4	VIDEO TECHNICIAN: Going off
5	seemed to you to be a promotional tactic,	5	the record, 3:00 p.m.
6	right?	6	
7	A. It did seem to be a	7	(Whereupon, a brief recess
8	promotional tactic.	8	was taken.)
9	Q. And that was further	9	
10	confirmed to you by the fact that it was	10	VIDEO TECHNICIAN: Back on
11	submitted to PARC, correct?	11	record at 3:13 p.m.
12	A. I have no knowledge of it	12	
13	actually being in PARC. Everything that	13	EXAMINATION
	I reacted to in this is predicated on	14	
	this e-mail.	15	BY MR. MADDEN:
16	Q. And on this e-mail chain	16	Q. Ms. Bearer, I'm Brian
17	_	17	Madden. I represent the plaintiffs in
18	•	18	this MDL matter.
19	submitted this to PARC.	19	I am not going to ask you
20	A. That's correct.	20	questions that prior counsel asked you,
21	Q. So that's further indication		- · · · · · · · · · · · · · · · · · · ·
22	that it was promotional material being	22	
	provided in November of 2015, correct?	23	2003
24	A. He is a marketer. If he	24	A. Correct.
	Page 283		D 205
	_		Page 285
	submitted it to PARC, it would be my	1	Q correct?
2	submitted it to PARC, it would be my opinion, at the time I mean, that's	2	Q correct? A. Yes.
2	submitted it to PARC, it would be my	2 3	Q correct?A. Yes.Q. And you were in managed care
3 4	submitted it to PARC, it would be my opinion, at the time I mean, that's the way I interpreted it. Q. I'm just wondering what drug	2 3 4	Q correct?A. Yes.Q. And you were in managed care from the beginning?
3 4	submitted it to PARC, it would be my opinion, at the time I mean, that's the way I interpreted it. Q. I'm just wondering what drug was being promoted, then, if there were	2 3	Q correct?A. Yes.Q. And you were in managed care from the beginning?
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2 3 4 5 6	submitted it to PARC, it would be my opinion, at the time I mean, that's the way I interpreted it. Q. I'm just wondering what drug was being promoted, then, if there were no branded opioids for chronic pain on	2 3 4 5	Q correct? A. Yes. Q. And you were in managed care from the beginning? A. Yes. Q. You were at Cephalon when the company pleaded guilty with regard to off-label prescription of drugs,
2 3 4 5 6 7	submitted it to PARC, it would be my opinion, at the time I mean, that's the way I interpreted it. Q. I'm just wondering what drug was being promoted, then, if there were no branded opioids for chronic pain on the market from Teva?	2 3 4 5 6 7	Q correct? A. Yes. Q. And you were in managed care from the beginning? A. Yes. Q. You were at Cephalon when the company pleaded guilty with regard to
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	ighly Confidential "- Subject" to		
	Page 286		Page 288
1	with regard to that guilty plea for	1	the screen, if that helps you.
2	off-label marketing of Actiq?	2	A. It's easier for me, if you
3	A. No.	3	don't mind, to read the hard copies.
4	Q. Did you lose your job as a	4	MS. HILLYER: They are
5	result of that guilty plea?	5	numbered on the bottom. It should
6	A. No.	6	be in order.
7	Q. Who did lose their job at	7	THE WITNESS: I see. I got
8	Cephalon as a result of that guilty plea?	8	it.
9	MS. HILLYER: Objection.	9	MS. HILLYER: It's this one.
10	Calls for speculation.	10	THE WITNESS: The dossier.
11	THE WITNESS: I really don't	11	BY MR. MADDEN:
12	know.	12	Q. Exhibit-12 was marked as the
13	BY MR. MADDEN:	13	Actiq managed care dossier, correct?
14	Q. Do you know of anyone at	14	A. That's correct.
15	Cephalon who lost their job as a result	15	Q. And do I recall your
16	-	16	
17	for Actiq?	17	as this would be sent to a managed care
18	MS. HILLYER: Objection.	18	provider if they requested it?
19	Calls for speculation.	19	A. That's correct.
20	THE WITNESS: I really don't	20	Q. This was not promoted to a
21	know.	21	- · · · · · · · · · · · · · · · · · · ·
22	BY MR. MADDEN:	22	asked for it, this would be sent by the
23	Q. Prior to 2008, in your role	23	company to them; is that true?
24	in managed care, were you made aware by	24	A. Yes.
	<u> </u>		
	Da = 207	1	Daga 200
1	Page 287	1	Page 289
	the company of the rules with regard to	1	Q. And if any of the issues
2	the company of the rules with regard to off-label marketing versus on-label	2	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were
3	the company of the rules with regard to off-label marketing versus on-label marketing?	2 3	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be
3 4	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes.	2 3 4	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider,
2 3 4 5	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that?	2 3 4 5	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct?
2 3 4 5 6	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep.	2 3 4 5 6	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what?
2 3 4 5 6 7	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules	2 3 4 5 6 7	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question.
2 3 4 5 6 7 8	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that?	2 3 4 5 6 7 8	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider
2 3 4 5 6 7 8	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that? A. I don't remember	2 3 4 5 6 7 8	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider had a question about any of the subjects
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2 3 4 5 6 7 8 9 10	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that? A. I don't remember specifically. Most likely, yes. We take a lot of modules.	2 3 4 5 6 7 8 9 10	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider had a question about any of the subjects on Page 1 of Exhibit-12, they could ask the company for this dossier, correct?
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2 3 4 5 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that? A. I don't remember specifically. Most likely, yes. We take a lot of modules. When you're talking time frame, I just don't have the specific time frame. Q. But it's fair to say you knew, prior to 2008, what the rules were with regard to legal, on-label marketing of a drug like Actiq; is that true? A. Yes. Q. Now, two documents that Ms. Ruane discussed with you, let's first	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider had a question about any of the subjects on Page 1 of Exhibit-12, they could ask the company for this dossier, correct? A. Let me rephrase. If they had a question on, say, breakthrough pain specifically Q. Yes. A they wouldn't necessarily know what was in the dossier. Typically, when they request the dossier. Q. Fair enough. A. Okay.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that? A. I don't remember specifically. Most likely, yes. We take a lot of modules. When you're talking time frame, I just don't have the specific time frame. Q. But it's fair to say you knew, prior to 2008, what the rules were with regard to legal, on-label marketing of a drug like Actiq; is that true? A. Yes. Q. Now, two documents that Ms. Ruane discussed with you, let's first look at Exhibit-12.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider had a question about any of the subjects on Page 1 of Exhibit-12, they could ask the company for this dossier, correct? A. Let me rephrase. If they had a question on, say, breakthrough pain specifically Q. Yes. A they wouldn't necessarily know what was in the dossier. Typically, when they request the dossier, they request the dossier. Q. Fair enough. A. Okay. Q. If a managed care entity or
2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	the company of the rules with regard to off-label marketing versus on-label marketing? A. Yes. Q. You were trained on that? A. Yep. Q. Did you take modules regarding that? A. I don't remember specifically. Most likely, yes. We take a lot of modules. When you're talking time frame, I just don't have the specific time frame. Q. But it's fair to say you knew, prior to 2008, what the rules were with regard to legal, on-label marketing of a drug like Actiq; is that true? A. Yes. Q. Now, two documents that Ms. Ruane discussed with you, let's first	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And if any of the issues discussed on Page 1 of Exhibit-12 were requested from Cephalon, this would be sent to the managed care provider, correct? A. I'm sorry, what? Q. Bad question. If a managed care provider had a question about any of the subjects on Page 1 of Exhibit-12, they could ask the company for this dossier, correct? A. Let me rephrase. If they had a question on, say, breakthrough pain specifically Q. Yes. A they wouldn't necessarily know what was in the dossier. Typically, when they request the dossier. Q. Fair enough. A. Okay.

Page 290 1 chronic pain, and that question were 2 submitted to Cephalon, then Cephalon 2 A. Yes, I do.	Dana 202
	Page 292
² submitted to Cephalon, then Cephalon ² A. Yes, I do.	?
³ could send this dossier to that managed ³ Q. Now, we also looked at	
⁴ care entity, correct? ⁴ another exhibit that you prepared	,
5 MS. HILLYER: Objection to 5 Exhibit-20, which was a slide	
6 the extent it calls for 6 presentation with regard to Vantre	ela.
⁷ speculation outside her knowledge. ⁷ Do you recall that?	
8 THE WITNESS: I don't know. 8 A. Yes.	
⁹ This was handled through medical, ⁹ Q. And you accumulated de	ata and
not through my side of the ¹⁰ put that data into your slides and	cited
business. 11 to that data with regard to	
12 BY MR. MADDEN: 12 A. Yes.	
Q. We can look at the dossier.	
And if this dossier went to 14 diversion, correct?	
a managed care entity, it does discuss 15 A. Correct.	
16 risk of opioid abuse by patients 16 MS. HILLYER: Objection	on to
17 A. Yes, it does. 17 form.	
Q for chronic pain, true? 18 BY MR. MADDEN:	
And if we go to Page 23 of Q. So let's pull up Exhibit-2	20.
20 this document. 20 And I'll reference you to Page 09	
MR. MADDEN: The last 21 A. I'm out of order here.	
sentence, last two sentences 22 MS. HILLYER: One sec	cond
before Section 5.2, would you 23 here.	
before Section 5.2, would you highlight those for me, please? 23	
highlight those for me, please? 24 260? Sorry, do you have	
highlight those for me, please? 24 260? Sorry, do you have Page 291	Page 293
highlight those for me, please? Page 291 THE WITNESS: I'm sorry, say 24 260? Sorry, do you have Page 291 the so this is Exhibit-20. S	Page 293
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highlight those for me, please? Page 291 THE WITNESS: I'm sorry, say that again. BY MR. MADDEN: Q. Beginning with, Extensive. A. Extensive clinical Page 291 the so this is Exhibit-20. Sorry, do you have the so this is Exhibit-20. Sorry, do you have (Whereupon, a discussion the record occurred.)	Page 293
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highlight those for me, please? Page 291 THE WITNESS: I'm sorry, say that again. BY MR. MADDEN: Q. Beginning with, Extensive. A. Extensive clinical experience with the use you want me to read it? MS. HILLYER: No. He was asking him to highlight that. She wasn't aware of that. MR. MADDEN: MR. MADDEN: A. That's correct? A. That's correct. MR. MADDEN: A. That's correct. Q. And Vantrela was an abuse-deterrent opioid that was defered that was defered to by Teva, correct? Actiq dossier which says, Extensive linical experience with the use of opioids for patients with cancer pain opioids for patients with cancer pain indicates that the risk of addiction in in the page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is population is very low. Similarly, A. That's correct. A. Correct. Yes. Q. Okay. This is one of the indicates that the risk of addiction in in it is page 20 indicates that the risk of addiction in in it is page 20 indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indicates that the risk of addiction in in it is page 20 in the indic	Page 293 So n off off ith
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	righty contraction - Subject to	_	D 204
	Page 294		Page 296
1	Q. The top rectangle has some		BY MR. MADDEN:
	language that says, Opioids have a high	2	Q. All right. Would you agree
3	rate of abuse and generate enormous	3	with me that the information is
4	costs. Almost 12 percent of opioid	4	contradictory, regardless of the dates?
5	patients become addicted.	5	MS. HILLYER: Same
6	Do you see that?	6	objections. And objection to
7	A. I do.	7	form.
8	Q. Let's compare that with what	8	THE WITNESS: I believe
9	we saw in Exhibit-12, side by side.	9	it's new data is available and
10	A. Okay.	10	it's more up to date and more
11	MR. MADDEN: So if you could	11	recent, and it's cited. There's
12		12	no citation in the dossier that I
13	language?	13	can comment on.
14		14	BY MR. MADDEN:
15	Exhibit-12?	15	Q. Let's look let's go back
16	THE WITNESS: I know what it		to Exhibit-12, that same page, 23.
17		17	
18	says. BY MR. MADDEN:	18	A. Yep.
19			Q. Under managing the risk of
	Q. We have this language about	19	opioid abuse, the first sentence says,
20	a mgn rate of abuse with opioid use and	20	Although it is uncommon for chronic pain
21	ans language from Emilion 12, which was	21	,
22	the field managed care dossier, which	22	there is a posterior rish associated with
	talks about a low risk of abuse.		the use of all opioids.
24	Do you see that?	24	Do you see that?
_		_	
	Page 295		Page 297
1	_	1	-
1 2	A. I do.	1 2	A. Yes, I do.
	A. I do.Q. Would you agree with me that		A. Yes, I do.Q. Now, let's look at the slide
2	A. I do. Q. Would you agree with me that those are contradictory messages?	2 3	A. Yes, I do. Q. Now, let's look at the slide you put together in the Exhibit-20, the
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3 4	A. I do. Q. Would you agree with me that those are contradictory messages? MS. HILLYER: Objection to form. Lack of foundation as to	3 4	A. Yes, I do. Q. Now, let's look at the slide you put together in the Exhibit-20, the following page, which is the Bates number ending in 61.
2 3 4 5	A. I do. Q. Would you agree with me that those are contradictory messages? MS. HILLYER: Objection to form. Lack of foundation as to Exhibit-12. She testified she had	2 3 4 5	A. Yes, I do. Q. Now, let's look at the slide you put together in the Exhibit-20, the following page, which is the Bates number ending in 61. A. Yep. Yes.
2 3 4 5 6	A. I do. Q. Would you agree with me that those are contradictory messages? MS. HILLYER: Objection to form. Lack of foundation as to Exhibit-12. She testified she had nothing to do with that document	2 3 4 5 6	A. Yes, I do. Q. Now, let's look at the slide you put together in the Exhibit-20, the following page, which is the Bates number ending in 61. A. Yep. Yes. MR. MADDEN: So if you can
2 3 4 5 6 7	A. I do. Q. Would you agree with me that those are contradictory messages? MS. HILLYER: Objection to form. Lack of foundation as to Exhibit-12. She testified she had nothing to do with that document and has no knowledge of it. It	2 3 4 5 6 7	A. Yes, I do. Q. Now, let's look at the slide you put together in the Exhibit-20, the following page, which is the Bates number ending in 61. A. Yep. Yes. MR. MADDEN: So if you can highlight that first sentence for
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) I	
	Page 298		Page 300
1	A. Yes.	1	for opioid users, correct?
2	Q. Would you agree with me that	2	A. Correct.
3	those two messages are contradictory?	3	Q. So Vantrela, at least
4	MS. HILLYER: Objection to	4	according to your slides, was designed,
5	form. And also lack of foundation	5	at least in part, to deal with that risk
6	as to Exhibit-12.	6	of abuse, correct?
7	THE WITNESS: And I'll	7	A. It was designed, yes, to
8	repeat my answer, which is the	8	create a treatment option for physicians
9	I don't remember the name, the one	9	to prescribe to patients as they deemed
10	to the right of me, the at-risk	10	appropriate. It was a non that was an
11	subpopulation of chronic pain has	11	abuse-deterrent formulation.
12	a reference. It's recent. And I	12	Q. Was there a concern that
13	don't know the date of the, or the	13	managed care payers wouldn't pay for
14	reference from the previous	14	Vantrela?
15	document, as I did not create it.	15	MS. HILLYER: Objection to
16	BY MR. MADDEN:	16	form.
17	Q. Did Vantrela launch?	17	THE WITNESS: As with any
18	A. No.	18	new product, payers are always
19	Q. Why?	19	scrutinizing whether they'll pay
20	MS. HILLYER: Objection to	20	for any branded product.
21	the extent it calls for	21	BY MR. MADDEN:
22	speculation.	22	Q. Am I correct that one of the
23	THE WITNESS: Yes. I had no	23	reasons Vantrela did not launch was
24	part in that decision		because there was concern within the
	•		because there was concern within the
	D 200	1	D 201
	Page 299		Page 301
	BY MR. MADDEN:		company, Teva, that third-party payers
2	BY MR. MADDEN: Q. Were you a part of that	2	company, Teva, that third-party payers would not pay for Vantrela?
	BY MR. MADDEN: Q. Were you a part of that decision-making?	3	company, Teva, that third-party payers would not pay for Vantrela? MS. HILLYER: Objection.
2	BY MR. MADDEN: Q. Were you a part of that decision-making? A. No, no.	2 3 4	company, Teva, that third-party payers would not pay for Vantrela? MS. HILLYER: Objection. Calls for speculation. And lack
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2 3 4 5	BY MR. MADDEN: Q. Were you a part of that decision-making? A. No, no. Q. Would you agree with me that	2 3 4 5 6 7	company, Teva, that third-party payers would not pay for Vantrela? MS. HILLYER: Objection. Calls for speculation. And lack of foundation. She testified she didn't know why and she wasn't part of that decision.
2 3 4 5 6	BY MR. MADDEN: Q. Were you a part of that decision-making? A. No, no. Q. Would you agree with me that Vantrela was designed, according to your	2 3 4 5 6 7	company, Teva, that third-party payers would not pay for Vantrela? MS. HILLYER: Objection. Calls for speculation. And lack of foundation. She testified she didn't know why and she wasn't
2 3 4 5 6 7	BY MR. MADDEN: Q. Were you a part of that decision-making? A. No, no. Q. Would you agree with me that Vantrela was designed, according to your slides, to help reduce the risk of abuse	2 3 4 5 6 7	company, Teva, that third-party payers would not pay for Vantrela? MS. HILLYER: Objection. Calls for speculation. And lack of foundation. She testified she didn't know why and she wasn't part of that decision.
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Page 302	Page 304
¹ you don't know why the Pain Matters	Q. Earlier you also testified
² campaign was run, as far as supporting	² about the Actiq white paper.
³ any particular product?	Do you recall that?
⁴ A. As far as supporting any	⁴ A. I do.
⁵ particular product, that's correct.	⁵ Q. How, if at all, was the
6 MR. MADDEN: All right.	⁶ Actiq white paper used in connection with
⁷ I'll pass the witness.	⁷ managed care organizations?
8 VIDEO TECHNICIAN: Going off	⁸ A. Again, upon an unsolicited
9 the record	⁹ request, if an account manager is
MS. HILLYER: Can I just do	¹⁰ speaking to a payer and they had specific
my redirect? You can stay on the	¹¹ questions relative to any given product
record, unless you need to change	12 that was either that the at the
anything on the record.	point in time the account manager could
THE WITNESS: Do I look	14 not speak to, they would put a MIRF
straight ahead?	¹⁵ through I'm sorry, medical information
MS. HILLYER: Yes. I'm not	¹⁶ request form, and which, then, the white
going to move over there.	¹⁷ paper would be sent directly to the payer
18	¹⁸ who requested it.
19 EXAMINATION	Q. And earlier you looked at
20	²⁰ sections of the Actiq managed care
²¹ BY MS. HILLYER:	²¹ dossier in Exhibits-11 and 12.
Q. Ms. Bearer, earlier you	Do you recall that?
²³ testified about an MEP.	²³ A. I do.
Do you recall that?	Q. And just to clarify, what,
Page 303	Page 305
Page 303 1 A. I do.	Page 305 1 if any, involvement did you have in
_	
¹ A. I do.	¹ if any, involvement did you have in
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	Page 306		Page 308
1	A. No.	1	Q. And then, lastly, we talked
2	MS. RUANE: Object to the	2	a little bit about Exhibit-16, which was
3	form.	3	
4	BY MS. HILLYER:	4	for Review.
5	Q. Would you have had	5	Just to clarify, did you
6	substantive discussions regarding chronic	6	• •
7	pain in the context of Actiq or Fentora?	7	*
8	A. No.	8	A. No. This is, to me,
9	Q. Would members of the market	9	
10		10	presented by a speaker.
	access team, to your knowledge, have		MS. HILLYER: I have no
	substantive discussions concerning	11	further questions at this time.
	chronic pain, in the context of Actiq or	12	MS. RUANE: Just a few
	Fentora, with managed care entities?	13	follow-up, briefly.
14	MS. RUANE: Object to form.	14	
15	THE WITNESS: No.	15	EXAMINATION
16	BY MS. HILLYER:	16	
17	Q. And would you have had	17	BY MS. RUANE:
18	substantive discussions concerning acute	18	Q. To be presented by the
19	pain with managed care entities in the	19	last document you were looking at, that
20	context of Actiq or Fentora?	20	would be to be presented by a speaker who
21	MS. RUANE: Object to form.	21	· · · ·
22	THE WITNESS: No.	22	correct?
23	BY MS. HILLYER:	23	A. Correct.
24	Q. Would members of the market	24	Q. Do you know how much the
			D 200
	Page 307		Page 309
	access team have had substantive	1	physicians were compensated for speaking
2	access team have had substantive discussions concerning acute pain with	2	physicians were compensated for speaking and presenting slide decks like the one
2	access team have had substantive	1	physicians were compensated for speaking and presenting slide decks like the one before you?
3 4	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge?	3 4	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't
3 4	access team have had substantive discussions concerning acute pain with managed care entities, in the context of	3 4	physicians were compensated for speaking and presenting slide decks like the one before you?
3 4	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge?	3 4	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't
2 3 4 5	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection.	2 3 4 5	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market
2 3 4 5 6	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection. MS. HILLYER: You can	2 3 4 5 6	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market
2 3 4 5 6 7	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection. MS. HILLYER: You can answer. THE WITNESS: Not to my	2 3 4 5 6 7	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market value was calculated? A. No.
2 3 4 5 6 7 8	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection. MS. HILLYER: You can answer.	2 3 4 5 6 7 8	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market value was calculated? A. No. Q. You mentioned that there was
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection. MS. HILLYER: You can answer. THE WITNESS: Not to my knowledge. BY MS. HILLYER: Q. And did Cephalon or Teva have a policy around those types of discussions with managed care entities? A. Yes. Q. What was that? A. If it was not an approved product and/or approved indication, if a question was raised, the policy states that you would say you would respond by saying that we're not indicated for whatever the question was, and if you needed additional information, I'm happy to send a MIRF; again, medical	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market value was calculated? A. No. Q. You mentioned that there was a policy regarding an approach or a response if there were questions about something beyond the indication. Is that a written policy? A. I can't recall MS. HILLYER: Objection to form as to time. BY MS. RUANE: Q. You can answer if you know. A. I don't recall what time frame are you talking about? Because Q. Let's start during the time frame of Teva. Does Teva have a written
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	access team have had substantive discussions concerning acute pain with managed care entities, in the context of Actiq or Fentora, to your knowledge? MS. RUANE: Same objection. MS. HILLYER: You can answer. THE WITNESS: Not to my knowledge. BY MS. HILLYER: Q. And did Cephalon or Teva have a policy around those types of discussions with managed care entities? A. Yes. Q. What was that? A. If it was not an approved product and/or approved indication, if a question was raised, the policy states that you would say you would respond by saying that we're not indicated for whatever the question was, and if you needed additional information, I'm happy	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	physicians were compensated for speaking and presenting slide decks like the one before you? A. Fair market value. I don't know what that was. Q. Do you know how fair market value was calculated? A. No. Q. You mentioned that there was a policy regarding an approach or a response if there were questions about something beyond the indication. Is that a written policy? A. I can't recall MS. HILLYER: Objection to form as to time. BY MS. RUANE: Q. You can answer if you know. A. I don't recall what time frame are you talking about? Because Q. Let's start during the time frame of Teva.

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1	approach taken when a managed care entity	1	Whoever in the organization
	has questions about something beyond the	2	is compliance, typically, would be
3	indication of a drug?		the I would think and, again,
4	A. We do have a managed care	4	that's my first answer would be
5	reimbursement policy.	5	compliance.
6	Q. Is that the title of it,	6	Q. Okay.
7	managed care reimbursement policy?	7	MS. RUANE: Thank you.
8	A. I don't recall the exact	8	Nothing further.
9	title of it.	9	VIDEO TECHNICIAN: Going off
10	Q. Do you believe that that	10	record. 3:37 p.m.
11	managed care reimbursement policy has,	11	
12	the policy, a written policy within that	12	(Whereupon, a discussion off
13	consistent with what you just described?	13	the record occurred.)
14	A. To the best of my knowledge.	14	
15	I have not read it recently.	15	VIDEO TECHNICIAN: Back on
16	Q. What about during the time	16	record. 3:38 p.m.
17	of Cephalon, was there a written policy	17	
18	at that time?	18	EXAMINATION
19	A. I don't recall if it was	19	
20	written or not.	20	BY MR. GASTEL:
21	Q. You don't have a specific	21	Q. Good afternoon. My name is
22	memory of a written policy, during the	22	Ben Gastel, representing the plaintiffs
23	time that the company was Cephalon,	23	in the Tennessee cases that have been
24	instructing the managed care folks on	24	cross-noticed into this deposition today.
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1	what to do if a managed care entity had a	1	MR. GASTEL: And I first
	question about something beyond the	2	want to state, for the record,
	indication?	3	that I object to the deposition,
4	MS. HILLYER: Objection to	4	on behalf of my clients, going
5	the form. You're talking about a	5	forward today due to Teva's
6	long time frame.	6	continuous failures to meet its
7	But you can answer.	7	obligations as set forth in the
8	THE WITNESS: You're asking	8	state and federal cooperation
9	if there was a written policy?	9	protocol, as laid out in our
	BY MS. RUANE:	10	previous deposition records and
11	Q. Yes.	11	our pending motions to quash.
12	A. I don't recall if it was	12	With that objection in mind,
13	written. I just don't recall if it was	13	I do have a handful of questions
	written.	14	for you. Hopefully we will be
	Q. Is there anything you can	15	relatively short. I assure you, I
15	o. io more un funnic fou cun		will not be as long as your
		16	
16	think of where we could look to see a	16 17	
16 17	think of where we could look to see a document to confirm your memory that that		previous questioners today.
16 17 18	think of where we could look to see a document to confirm your memory that that policy would have existed at the time	17	previous questioners today. BY MR. GASTEL:
16 17 18	think of where we could look to see a document to confirm your memory that that policy would have existed at the time that the company was Cephalon?	17 18 19	previous questioners today. BY MR. GASTEL: Q. As I stated, Ms. Bearer, the
16 17 18 19 20	think of where we could look to see a document to confirm your memory that that policy would have existed at the time that the company was Cephalon? A. Old documents. I don't	17 18 19 20	previous questioners today. BY MR. GASTEL: Q. As I stated, Ms. Bearer, the group of plaintiffs that I'm representing
16 17 18 19 20 21	think of where we could look to see a document to confirm your memory that that policy would have existed at the time that the company was Cephalon? A. Old documents. I don't recall who again, we're talking about	17 18 19 20 21	previous questioners today. BY MR. GASTEL: Q. As I stated, Ms. Bearer, the group of plaintiffs that I'm representing are located in Tennessee.
16 17 18 19 20 21 22	think of where we could look to see a document to confirm your memory that that policy would have existed at the time that the company was Cephalon? A. Old documents. I don't recall who again, we're talking about a long span of time, and there's been an	17 18 19 20 21 22	previous questioners today. BY MR. GASTEL: Q. As I stated, Ms. Bearer, the group of plaintiffs that I'm representing are located in Tennessee. So I want to start, in your
16 17 18 19 20 21 22 23	think of where we could look to see a document to confirm your memory that that policy would have existed at the time that the company was Cephalon? A. Old documents. I don't recall who again, we're talking about a long span of time, and there's been an	17 18 19 20 21 22 23	previous questioners today. BY MR. GASTEL: Q. As I stated, Ms. Bearer, the group of plaintiffs that I'm representing are located in Tennessee.

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	Page 314		Page 316
1	state of Tennessee for your work?	1	form. Calls for speculation.
2	A. Not that I recall.	2	THE WITNESS: That would be
3	Q. Would you agree that it's a	3	speculating.
4	public health concern whenever	4	BY MR. GASTEL:
5	prescription opioids are illegally	5	Q. So you don't have in your
6	diverted and consumed for nonmedical	6	mind any reason why somebody would
7	purposes?	7	consume an opioid for a nonmedical
8	MS. HILLYER: Objection to	8	reason?
9	form.	9	MS. HILLYER: Objection to
10	THE WITNESS: Say it	10	form. Calls for speculation.
11	repeat the question to make sure I	11	THE WITNESS: Again,
12	answer you correctly.	12	individuals have different reasons
13	BY MR. GASTEL:	13	for that behavior. I can't speak
14	Q. Sure.	14	to it.
15	Would you agree that it's a	15	BY MR. GASTEL:
16	public health concern whenever	16	Q. Do you have any
17	prescription opioids are illegally	17	understanding about why individuals
18	diverted and consumed for nonmedical	18	consume opioids for nonmedical purposes?
19	purposes?	19	MS. HILLYER: Same
20	MS. HILLYER: Same	20	objections. And now asked and
21	objection.	21	answered.
22	THE WITNESS: Yes.	22	THE WITNESS: Again, I
23	BY MR. GASTEL:	23	could there are probably
24	Q. Would you agree that it's a	24	numerous reasons. And I don't
	<u> </u>		
	Page 315		Page 317
	public health concern whenever	1	have any personal knowledge,
2	prescription opioids are consumed for	2	personally, of consuming opioids
3	nonmedical purposes?	3	for nonmedical reasons.
4	MS. HILLYER: Objection to	4	BY MR. GASTEL:
5	form.	5	Q. Can you get high from
6	THE WITNESS: Can you define	6	consuming prescription opioids?
7	"nonmedical purposes"?	7	MS. HILLYER: Objection.
8	BY MR. GASTEL:	8	Calls for speculation.
9	Q. Well, in your mind, what are	9	THE WITNESS: I have no
10	the nonmedical reasons a person would	10	personal knowledge of whether
11	consume a prescription opioid?	11	someone can get high or not, based
12	MS. HILLYER: Objection to	12	personally on my own experience.
13	form.	13	BY MR. GASTEL:
14	THE WITNESS: You asked the	14	Q. And you've never heard of
15	question, so if you could just	15	people getting high off of prescription
16	give me the context of the	16	opioids?
17	question.	17	A. I hear a lot of things. So,
18	BY MR. GASTEL:	18	again, you're asking me specifically
19	Q. Well, sure. And so let's	19	about my interpretation of getting high.
20	take it in two parts here.	20	And I as far as having an
21	In your mind, what are the	21	opinion about that, I know what I hear in
22	nonmedical reasons that a person would	22	the media. But no personal experience
			with that.
23	consume a prescription opioio/	23	WIIII III AI
23	consume a prescription opioid? MS. HILLYER: Objection to	24	Q. I'm not asking you if you've

Page 318	Page 320
¹ ever been high.	Q. I'll show you a document
² I'm asking you if you have	² that we'll mark as Exhibit-22.
³ an understanding of whether or not people	3
⁴ get high from prescription opioids?	4 (Whereupon, Teva-Bearer
5 MS. HILLYER: Hold on.	5 Exhibit-22,
6 Asked and answered. She's	6 TEVA_MDL_A_09218160-165, was
testified that she's heard in the	7 marked for identification.)
8 news about this, she has no	8
personal experience.	⁹ MR. GASTEL: I've got a copy
She's here as a fact witness	for you, too.
to testify about her personal	11 MS. HILLYER: Thank you.
experience.	12 BY MR. GASTEL:
13 If you want to ask her about	Q. You see that Exhibit-22 is
that, go ahead. But she's	¹⁴ an e-mail that you sent to various
answered your question.	15 individuals on June 4th, 2015?
MR. GASTEL: Are you	Do you see that?
directing her not to answer?	A. I do see that.
MS. HILLYER: No.	Q. And the subject is the Time
¹⁹ BY MR. GASTEL:	¹⁹ Magazine Cover Story, Why America Can't
Q. You can answer.	²⁰ Kick Its Painkiller Problem.
A. I have no personal	Did I read that correctly?
²² experience relative to individuals	22 A. Yes.
²³ getting high off of opioids.	Q. And then in the subject of
Q. In 2015, did you believe	the e-mail you write, All, more news
Page 319	Page 321
¹ that there was a public health crisis of	
that there was a babble health chain of	+ nightighting the bilbiic health crists of
<u> •</u>	¹ highlighting the public health crisis of ² abuse and addiction. Regards. Deb
² abuse and addiction as it relates to	² abuse and addiction. Regards, Deb.
 abuse and addiction as it relates to opioids? 	 abuse and addiction. Regards, Deb. Did I read that correctly?
 abuse and addiction as it relates to opioids? MS. HILLYER: Objection to 	 abuse and addiction. Regards, Deb. Did I read that correctly? A. You did.
 abuse and addiction as it relates to opioids? MS. HILLYER: Objection to form. 	 abuse and addiction. Regards, Deb. Did I read that correctly? A. You did. Q. And the e-mail goes on to
 abuse and addiction as it relates to opioids? MS. HILLYER: Objection to form. THE WITNESS: Did I have a 	 abuse and addiction. Regards, Deb. Did I read that correctly? A. You did. Q. And the e-mail goes on to forward this cover story for Time
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Page 322 ¹ Schiavi? ¹ that we were in the midst of a public 2 A. Yes, Schiavi. ² health crisis of abuse and addiction, why ³ did you use that in your e-mail? They work for a managed ⁴ care -- they are strategic partners, a A. I didn't say that --⁵ third party, that have conducted payer MS. HILLYER: Objection to research, analog assessment, et cetera. 6 form. 7 Q. So they were a vendor --THE WITNESS: What I'm 8 8 A. Correct. saying to you is, this is the type 9 of information that payers are Q. -- that Teva would use as 10 also -- it's public information. part of its marketing and promotion to managed care organizations? 11 And as it relates to our 12 12 A. Correct. customers, they read this 13 Q. And why did you think it was 13 information as well. ¹⁴ important that they saw this Time BY MR. GASTEL: 15 Magazine article? Q. I want to go through some of 16 MS. HILLYER: Objection to ¹⁶ the things that this article highlights. 17 17 The last paragraph on the form. 18 THE WITNESS: As I stated first page ending in 160, do you see 19 where it starts, This is not? previously, there was a lot of 20 information in the public domain 20 Are you with me? 21 concerning this. And, therefore, 21 A. That paragraph, yes. This 22 22 is not a story. I felt it was important, as we as 23 23 an organization were looking at Q. It says, This is not a story 24 ²⁴ about dark alleys and drug dealers. It abuse, this was in preparation for Page 323 Page 325 ¹ starts in doctors' offices with everyday Vantrela. That would be the 1 ² people seeking relief from pain and 2 reason. ³ BY MR. GASTEL: ³ suffering. Around the nation, doctors so ⁴ frequently prescribe the drugs known as 4 Q. Sure. And then -- now that you've ⁵ opioids for chronic pain from conditions ⁶ like arthritis, migraines, and lower back ⁶ looked at this e-mail, does this refresh ⁷ injuries, that there are enough pills ⁷ your recollection that in 2015 you ⁸ believed that there was a public health prescribed every year to keep every ⁹ crisis of abuse and addiction? ⁹ American adult medicated around the clock 10 A. I said this is news ¹⁰ for a month. 11 ¹¹ highlighting the public crisis, that was Did I read that correctly? ¹² in the public domain. 12 A. You did. You asked me previously if 13 Q. When you forwarded this 14 it was my personal. And I answered the article to your colleagues at Teva and your third-party vendors that you worked 15 question that I have no personal ¹⁶ experience with any individual or ¹⁶ with, did you agree with that statement ¹⁷ individuals experiencing opioid in this article? 18 ¹⁸ addiction. MS. HILLYER: Objection to 19 19 Q. And that's fine. form. 20 20 But you're the one who chose THE WITNESS: That's not the language that's used in this e-mail, 21 referenced. It's simply what was 22 22 right? written. 23 23 If they put a reference, I A. That's correct. 24 would have more reason to have an 24 And if you didn't believe

			Further Confidentiality Review
	Page 326		Page 328
_	inion. I would have an opinion.	1	an opinion about that that
	R. GASTEL:	2	statement.
$\frac{3}{2}$ Q	1 6 1 6	3	BY MR. GASTEL:
	nger patients stay on the drugs,	4	Q. Going down farther into the
	are chemically related to heroin	5	next paragraph, the sentence beginning,
	gger a similar biological	6	Of the 9.4 million Americans who take
_	se, including euphoria, the higher	7	opioids.
	ances users will become addicted.	8	Do you see that?
9	Did I read that correctly?	9	A. Where am I looking at?
10 A		10	Q. The third line down,
¹¹ Q	3	11	tinee quarters of the page over.
	to your colleagues at Teva and	12	A. I see it. Thank you.
	nird-party vendors, did you agree	13	Q. It says, Of the 9.4 million
1	is statement made in this article?	1	Americans who take opioids for long-term
15	MS. HILLYER: Objection to	15	pain, 2.1 million are estimated by The
	rm.		National Institutes of Health to be
17	THE WITNESS: I didn't have	17	hooked and are in danger of turning to
	opinion about this statement	18	the black market.
1	nen I forwarded the e-mail.	19	Did I read that correctly?
1	R. GASTEL:	20	A. Yes.
$ ^{21}$ Q	•	21	Q. When you forwarded this
$ ^{22}$ A		22	arriere to your concugues at 10 va, are
	c to what they're quoting. And as	23	you may a unit rousem to unspect time
²⁴ I ment	ioned earlier, there's a lot of	24	statistic from The National Institutes of
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	Page 327		Page 329
¹ inform	· · ·	1	_
	ation in the public domain, which	1 2	Health as relayed by this Time Magazine
² we tak	· · ·	1	Health as relayed by this Time Magazine
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Page 330	Page 332
¹ beginning, All now agree.	Okay. Got it. Thank you.
Do you see that?	² Q. It says, In some cases,
³ A. Yes.	³ regulators, doctors and patients were
Q. About a quarter of the way	⁴ criminally misled into believing opioids
⁵ down the page.	⁵ were safe and effective. In 2007, the
6 All now agree that the	⁶ Department of Justice accused Purdue of
⁷ opioid epidemic is a terrible problem,	⁷ deceptively telling doctors that
⁸ but few are taking responsibility. It	⁸ OxyContin was safer and less addictive
⁹ has fallen to local law enforcement and	⁹ than other drugs.
health professionals to clean up the mess	Did I read that correctly?
¹¹ as addiction and abuse ravage their	¹¹ A. You did.
¹² communities.	Q. When you forwarded this to
Did I read that correctly?	¹³ your colleague at Teva and your
¹⁴ A. Yes, you did.	¹⁴ third-party vendors, did you know about
Q. When you forwarded this	¹⁵ the Department of Justice accusing Purdue
¹⁶ e-mail to your colleagues at Teva and	¹⁶ of deceptively marketing OxyContin?
your third-party vendors, did you have	A. I don't recall whether I
¹⁸ any reason to dispute that claim in the	¹⁸ knew at that time or not, when I
¹⁹ Time Magazine article?	¹⁹ forwarded the message. The message was
MS. HILLYER: Same	²⁰ forwarded almost three years ago. So I
objections.	²¹ don't recall.
THE WITNESS: Once again,	Q. Do you did you
there's no specific reference to	²³ subsequently do research into the
where they cite this data.	²⁴ Department of Justice's accusations
	1
Page 331	Page 333
	Page 333
¹ Therefore, I don't have an	Page 333 1 against Purdue about its deceptive
¹ Therefore, I don't have an	Page 333 1 against Purdue about its deceptive 2 marketing of OxyContin?
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Highly Co	onfidential "- "Subject" to		
	Page 334		Page 336
¹ talk about	something that you probably do	1	hand you another document that
² have know	<u> </u>	2	we'll mark as Exhibit-23.
	says, In 2008, Cephalon	3	BY MR. GASTEL:
_	million in fines, partly for	4	Q. This is an e-mail from
_	its Actiq opioid, which was	1	Yousseff Kahn, sent to a variety of
_	e a lollipop, for use against		people, including you, on August 24th,
_	and sickle-cell pain,	7	2015.
	for which the drug had not	8	Do you recall receiving this
	l safe and effective.	9	e-mail?
	d I read that correctly?	10	A. I don't actually recall, but
	ou did.		I must have received it. I'm on the
	and then the article goes on		e-mail chain.
	iq withdrew its lollipop but	13	Q. Sure.
	ere was no shortage of other	14	And the subject is, CI news,
¹⁵ opioids ava		15	opioid use disorder, the continued rise
	d I read that correctly?	16	of opioid abuse and misuse.
	ou did.	17	Did I read that correctly?
	When you forwarded this	18	A. You did.
1	our colleagues at Teva and	19	Q. And it appears to be an
1 -	party vendors, you were aware	20	article written by Bill McCarberg.
_	lon had paid the \$425 million	21	A. Yes.
²² fine, correc		22	Q. Are you familiar with Dr.
$ ^{23}$ A. C	Correct.		11100000018.
Q. A	and that that was, in part,	24	A. I know the name, but I don't
	Page 335		Page 337
¹ due to its n		1	_
¹ due to its n ² correct?	Page 335 marketing of Actiq opioids,	1 2	Page 337 know specifically Dr. McCarberg. Q. And going down to the second
² correct?		2	know specifically Dr. McCarberg. Q. And going down to the second
² correct? ³ A. Ir	narketing of Actiq opioids,	2	know specifically Dr. McCarberg. Q. And going down to the second full paragraph beginning, In 2013.
 correct? A. Ir Q. Is 	narketing of Actiq opioids, n part. s that a yes?	3	know specifically Dr. McCarberg. Q. And going down to the second
 correct? A. Ir Q. Is A. Y 	narketing of Actiq opioids,	3 4	know specifically Dr. McCarberg. Q. And going down to the second full paragraph beginning, In 2013. Do you see that? A. Yes.
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 correct? A. Ir Q. Is A. Y I'm Q. A personally 	narketing of Actiq opioids, n part. s that a yes? Yes, in part. n sorry. and in 2008, did you	2 3 4 5 6 7	know specifically Dr. McCarberg. Q. And going down to the second full paragraph beginning, In 2013. Do you see that? A. Yes. Q. The article states, In 2013 in the United States, 40,982 deaths by
2 correct? 3 A. Ir 4 Q. Is 5 A. Y 6 I'm 7 Q. A 8 personally 9 Cephalon's	narketing of Actiq opioids, n part. s that a yes? Yes, in part. n sorry. and in 2008, did you have a role in marketing	2 3 4 5 6 7 8	know specifically Dr. McCarberg. Q. And going down to the second full paragraph beginning, In 2013. Do you see that? A. Yes. Q. The article states, In 2013 in the United States, 40,982 deaths by drug overdose occurred. Of these, 16,235
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¹ opioids increased at a rate of 19 percent	¹ as the public health crisis of abuse and
² per year from 2000 to 2006, the rates	² addiction.
slow down from 2 percent from 2006 to	3 And I think your testimony
<u> </u>	
4 2013. 5 Did I read that correctly?	⁴ previously was that you started receiving
Did I icad that correctly:	⁵ these when you were putting together
6 A. Yes.	⁶ business plans and marketing promotional
⁷ Q. It says, The age-adjusted	⁷ efforts for Vantrela; is that correct?
⁸ rate for opioid overdose deaths declined	8 MS. HILLYER: Objection.
⁹ from 5.4 to 5.1 per 100,000 from 2010 to	⁹ Mischaracterizes testimony on a
¹⁰ 2013.	couple of counts.
Did I read that correctly?	But you can answer.
A. Yes.	THE WITNESS: The way I'm
Q. Do you have any reason to	making that I'm giving that
¹⁴ doubt that those statistics were accurate	information is based on the date.
15 when you received this e-mail back in	15 BY MR. GASTEL:
¹⁶ 2015?	16 Q. Sure.
A. Again, I don't recall	A. In preparation if the
18 receiving it. Therefore, I don't know	18 date aligned with preparation for the
<u> </u>	
what my impression was at the time.	strategy, or cotora, for variationa, then
it appears I don't see a	the answer would be yes.
²¹ reference.	Q. And what do you mean by the
Q. And then	strategy for Vantrela?
A. Yes, it is referenced.	A. The payer strategy, as was
²⁴ Sorry.	²⁴ described previously for any product.
Page 339	Page 341
	Page 341 Q. And the payer strategy being
_	¹ Q. And the payer strategy being
¹ Q. Assuming those statistics	Q. And the payer strategy being the way that you were going to promote in
Q. Assuming those statistics are true A. Yes.	Q. And the payer strategy being the way that you were going to promote in marketing and market Vantrela to
Q. Assuming those statistics are true A. Yes. Q would you characterize	Q. And the payer strategy being the way that you were going to promote in marketing and market Vantrela to third-party payers, right?
Q. Assuming those statistics are true A. Yes. Q would you characterize that, personally, as an opioid crisis?	Q. And the payer strategy being the way that you were going to promote in marketing and market Vantrela to third-party payers, right? A. Correct.
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	ighty Confidential - Subject to	_	
	Page 342		Page 344
1	talking about opioid abuse, right?		that we'll mark as Exhibit-24.
2	A. Right.	2	MR. GASTEL: This is
3	Q. And so and you believe	3	actually Exhibit-2.
4	that you received these articles as part	4	MS. HILLYER: Do you have a
5	of developing the Vantrela payer	5	copy for me?
6	strategy, right?	6	MR. GASTEL: Yes, I'm sorry.
7	A. Correct. Yes.	7	MS. HILLYER: That's okay.
8	Q. And it would only make sense	8	Thanks.
9	to market Vantrela as an abuse deterrent	9	BY MR. GASTEL:
10	to these third-party payers if they were	10	Q. So this is a long e-mail
11	on the market at that time, prescription	11	string that begins on March 11, 2016.
12	opioids, that were subject to abuse,	12	And it looks like you are eventually
13	right?	13	forwarded this string on Thursday, April
14	MS. HILLYER: Objection to	14	14th, 2016.
15	form.	15	Do you see that?
16	THE WITNESS: Once again,	16	A. Yes, I do.
17	it's a treatment option the	17	Q. Do you recall receiving this
18	physicians would have, based on	18	e-mail?
19	identifying appropriate patients,	19	A. I don't recall.
20	that they could then determine if	20	Q. Let's flip through it a
21	an abuse-deterrent formulation of	21	little bit and set the stage, if you
22	an opioid was appropriate.		will.
23	BY MR. GASTEL:	23	The e-mail chain begins with
24	Q. And so do you recall the	24	an e-mail from Jeffrey Callahan
	•		•
	Page 343		Page 345
	active opioid ingredient in Vantrela?	1	A. Correct.
2	active opioid ingredient in Vantrela? A. Hydrocodone.	2	A. Correct.Q to Dana Kelly on March
3	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of	2	A. Correct. Q to Dana Kelly on March 11, 2016.
3 4	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of trying to sell Vantrela an attempt to	3 4	A. Correct. Q to Dana Kelly on March 11, 2016. Do you see that?
2 3 4 5	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of trying to sell Vantrela an attempt to displace some of the current hydrocodone	2 3 4 5	A. Correct. Q to Dana Kelly on March 11, 2016. Do you see that? A. I do.
2 3 4 5 6	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of trying to sell Vantrela an attempt to displace some of the current hydrocodone market?	2 3 4 5 6	A. Correct. Q to Dana Kelly on March 11, 2016. Do you see that? A. I do. Q. Who is Mr. Callahan?
2 3 4 5	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of trying to sell Vantrela an attempt to displace some of the current hydrocodone market? MS. HILLYER: Objection to	2 3 4 5 6 7	A. Correct. Q to Dana Kelly on March 11, 2016. Do you see that? A. I do. Q. Who is Mr. Callahan? A. He was in forecasting.
2 3 4 5 6	active opioid ingredient in Vantrela? A. Hydrocodone. Q. And was the purpose of trying to sell Vantrela an attempt to displace some of the current hydrocodone market?	2 3 4 5 6	A. Correct. Q to Dana Kelly on March 11, 2016. Do you see that? A. I do. Q. Who is Mr. Callahan? A. He was in forecasting. Q. And who is Ms. Kelly?
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	ignly confidential - Subject to		
	Page 346		Page 348
	Callahan forgot to attach the document.	1	reference to immediate-release profit and
2	And so he sends another	2	loss?
3	e-mail that says, It would help if I	3	A. Yes.
4	remembered to attach the file.	4	Q. So is it fair to say that
5	Do you see that?	5	Mr. Dierks is at least partly trying to
6	A. Yes, I do.	6	figure out with this analysis whether or
7	Q. And then on March 15th,	7	not Teva could make money from marketing
8	2016, Ms. Kelly responds, Hello. Please	8	and selling Vantrela?
9	find the LRP units for IR hydro and oxy	9	MS. HILLYER: Objection.
10	attached.	10	Calls for speculation.
11	Did I read that correctly?	11	THE WITNESS: This, as I
12	A. Yes.	12	read it, is in reference to
13	Q. What does "LRP units" mean?	13	another product, Valzedo, which we
14	MS. HILLYER: Objection to	14	were looking potentially and,
15	the extent it calls for	15	again, I'm reading this, so I
16	speculation.	16	believe this is what it was
17	THE WITNESS: I don't know.	17	referring to, not Vantrela
18	BY MR. GASTEL:	18	Valzedo, which was an
19	Q. Well, I'm happy that I can	19	immediate-release version of
20	also be confused on that term, then, too.	20	hydrocodone.
21	Going back up, eventually	21	BY MR. GASTEL:
22	when you joined the e-mail chain, I	22	Q. And so eventually you,
23	believe, on April 14th, 2016, at the top	23	again, flipping over to the next page,
24	of the second page of this document, with	24	you send an e-mail to Joseph Smith.
	Page 347		Page 349
1	Page 347 Bates stamp ending 264 Mr Jeffrey	1	Page 349 Do you see that?
	Bates stamp ending 264, Mr. Jeffrey	1 2	Do you see that?
	Bates stamp ending 264, Mr. Jeffrey Dierks forwards you this e-mail chain.		Do you see that? A. Yes.
2	Bates stamp ending 264, Mr. Jeffrey Dierks forwards you this e-mail chain. Do you see that?	2	Do you see that? A. Yes. Q. And it says, What were the
3	Bates stamp ending 264, Mr. Jeffrey Dierks forwards you this e-mail chain. Do you see that? A. I do.	2 3 4	Do you see that? A. Yes. Q. And it says, What were the assumptions by channel? I know we
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2 3 4 5 6	Bates stamp ending 264, Mr. Jeffrey Dierks forwards you this e-mail chain. Do you see that? A. I do. Q. I think you've previously testified. But just again for the	2 3 4 5 6	Do you see that? A. Yes. Q. And it says, What were the assumptions by channel? I know we typically assume 78 70 to 80 percent commercial. With the new forecast, did anything change?
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	Page 350		Page 352
1 404		1	_
$\begin{vmatrix} 1 & dat \\ 2 & \end{vmatrix}$	ted April 18th, 2016 at 7:10 a.m.?		Joseph Smith on April 18th, 2016. And
3	Do you see that?	3	it's attached to Exhibit-24.
4	A. Yes.	4	A. Okay.
	Q. And it says, Was looking for	=	Q. And I believe it's the fifth
	u Friday and just connected with Jeff	6	page of this exhibit.
	d found out you were out until	_	And it says, across the
1	aursday. I'd assume the below splits	8	top it's an Excel spreadsheet
1	sed off the IMS data, since they	9	MS. HILLYER: Sorry, again,
9 pro	obably won't change significantly.		just for the record, these are not
	Did I read that correctly?	10	consecutive Bates.
11	A. Yes.	11	MR. GASTEL: Yeah, well,
12	Q. And then he provides a	12	it's the attachment to the April
	eakdown between Medicaid, cash,	13	18th, 2016 e-mail.
	mmercial, and Part D	14	MS. HILLYER: Then it would
15	A. Yes.	15	be consequent there's no
16	Q correct?	16	attachment. Which April 18th?
17	A. Yes.	17	MR. GASTEL: From Joseph
18	Q. And this is, essentially,	18	Smith.
	rious ways that end users of	19	MS. HILLYER: So the middle,
	escription opioids can pay for those	20	the second e-mail chain, okay.
	ioids, right?	21	So do you have that it's
22	A. That, you know, are	22	just not consecutive, so we don't
1	mbursed.	23	actually have, sitting here
24	Q. And what do you mean by	24	today
		_	
	Page 351		Page 353
¹ "re	Page 351 eimbursed"?	1	Page 353 MR. GASTEL: I don't Bates
¹ "re		1 2	_
2	eimbursed"?		MR. GASTEL: I don't Bates
2 3 wa	eimbursed"? A. Your question, I believe,	2	MR. GASTEL: I don't Bates stamp them, you Bates stamp them.
2 3 wa 4 M 6	eimbursed"? A. Your question, I believe, as about patients. Patients pay cash.	2	MR. GASTEL: I don't Bates stamp them, you Bates stamp them. MS. HILLYER: I do.
 3 wa 4 Me 5 ins 	eimbursed"? A. Your question, I believe, as about patients. Patients pay cash. edicaid, commercial and Part D are	2 3 4	MR. GASTEL: I don't Bates stamp them, you Bates stamp them. MS. HILLYER: I do. MR. GASTEL: If you want the
 wa wa Me ins rei 	A. Your question, I believe, as about patients. Patients pay cash. edicaid, commercial and Part D are surers. Therefore, the insurer	2 3 4 5	MR. GASTEL: I don't Bates stamp them, you Bates stamp them. MS. HILLYER: I do. MR. GASTEL: If you want the exhibits consecutive with the
 3 wa 4 Me 5 ins 6 rei 	A. Your question, I believe, as about patients. Patients pay cash. edicaid, commercial and Part D are surers. Therefore, the insurer mburses, for the patient, the cost of	2 3 4 5	MR. GASTEL: I don't Bates stamp them, you Bates stamp them. MS. HILLYER: I do. MR. GASTEL: If you want the exhibits consecutive with the e-mails they're attached to, Bates
 wa wa Me ins rei the 	A. Your question, I believe, as about patients. Patients pay cash. edicaid, commercial and Part D are surers. Therefore, the insurer mburses, for the patient, the cost of e drug.	2 3 4 5 6 7	MR. GASTEL: I don't Bates stamp them, you Bates stamp them. MS. HILLYER: I do. MR. GASTEL: If you want the exhibits consecutive with the e-mails they're attached to, Bates stamp them that way.
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	ighly Confidential Subject to		
	Page 354		Page 356
1	regardless, the attachment is	1	MS. HILLYER: Wait. One at
2	was produced natively to us as	2	a time.
3	Bates stamp document	3	THE WITNESS: Pardon me?
4	TEVA_MDL_A_03550081.	4	MS. HILLYER: One at a time.
5	BY MR. GASTEL:	5	BY MR. GASTEL:
6	Q. And across the top on this	6	Q. So that doesn't refresh your
7	document it says, Product.	7	recollection as to whether or not you
8	Do you see that?	8	looked at the attachment?
9	A. Yes.	9	MS. HILLYER: Objection to
10	Q. And that would indicate that	10	form. Improper refreshing. And
11	this is the product of his freath data	11	mischaracterizes the document.
12	that's been collected, correct?	12	THE WITNESS: Typically,
13	A. Yes. It would appear that,	13	this type of data is summarized by
	yes.	14	either someone in forecasting, et
15	Q. And the next column over, it	15	cetera. And this is the summary
16	says, MAT, March 2014, Medicaid TRx.	16	that I would have looked at,
17	Do you see that?	17	rather than scrutinizing the Excel
18	A. I do.	18	sheet.
19	Q. Is that a is that a		BY MR. GASTEL:
20	reference to a monthly average total?	20	Q. Sure. So you would have
21	MS. HILLYER: Objection to	21	A. They are the experts on IMS
22	the extent it calls for		data.
23	speculation.	23	Q. So you would have looked at
24	THE WITNESS: I don't know.	24	the analysis, is that what you're saying,
	D 255	_	Daga 257
	Page 355		Page 357
1		1	to determine whether or not the
1 2	I didn't run the report. BY MR. GASTEL:		_
	I didn't run the report.		to determine whether or not the
2	I didn't run the report. BY MR. GASTEL:	3	to determine whether or not the assumptions were correct?
2 3	I didn't run the report. BY MR. GASTEL: Q. But you received it, right?	2 3 4	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These
2 3 4 5	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made	2 3 4 5	to determine whether or not the assumptions were correct? A. I don't recall ever
2 3 4 5 6	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't	2 3 4 5	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company
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2 3 4 5 6 7 8 9 10 11	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't know this was a long trail of forwarded. It doesn't necessarily mean he forwarded me the attachment. I don't recall receiving it, is what I'm trying to say. Q. Well, let's go back to the e-mail chain there. Because it finishes off with an e-mail from you to Joseph Smith that	2 3 4 5 6 7 8 9 10 11 12 13	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company that provide forecasting information. I would have no reason to challenge their summary, which, to me, is what I'm looking at here, which is Medicaid, cash, commercial, Part D. Q. Well, let's go to the last page, then. A. Okay. Q. Okay. And you see that the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't know this was a long trail of forwarded. It doesn't necessarily mean he forwarded me the attachment. I don't recall receiving it, is what I'm trying to say. Q. Well, let's go back to the e-mail chain there. Because it finishes off with an e-mail from you to Joseph Smith that says, Sorry I missed you on Friday. As	2 3 4 5 6 7 8 9 10 11 12 13 14	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company that provide forecasting information. I would have no reason to challenge their summary, which, to me, is what I'm looking at here, which is Medicaid, cash, commercial, Part D. Q. Well, let's go to the last page, then. A. Okay. Q. Okay. And you see that the last page of this document has some
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't know this was a long trail of forwarded. It doesn't necessarily mean he forwarded me the attachment. I don't recall receiving it, is what I'm trying to say. Q. Well, let's go back to the e-mail chain there. Because it finishes off with an e-mail from you to Joseph Smith that says, Sorry I missed you on Friday. As of now, I would use these assumptions. A. Yes. Q. Right? That's what it says? A. That has nothing to do with the attachment. That's these assumptions	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company that provide forecasting information. I would have no reason to challenge their summary, which, to me, is what I'm looking at here, which is Medicaid, cash, commercial, Part D. Q. Well, let's go to the last page, then. A. Okay. Q. Okay. And you see that the last page of this document has some numbers on it. Let's do the second-to-last page, okay? Do you see that it has the very bottom page says, Medicaid, 4,339,185, 4.62 percent.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't know this was a long trail of forwarded. It doesn't necessarily mean he forwarded me the attachment. I don't recall receiving it, is what I'm trying to say. Q. Well, let's go back to the e-mail chain there. Because it finishes off with an e-mail from you to Joseph Smith that says, Sorry I missed you on Friday. As of now, I would use these assumptions. A. Yes. Q. Right? That's what it says? A. That has nothing to do with the attachment. That's these assumptions at the bottom here, the channel	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company that provide forecasting information. I would have no reason to challenge their summary, which, to me, is what I'm looking at here, which is Medicaid, cash, commercial, Part D. Q. Well, let's go to the last page, then. A. Okay. Q. Okay. And you see that the last page of this document has some numbers on it. Let's do the second-to-last page, okay? Do you see that it has the very bottom page says, Medicaid, 4,339,185, 4.62 percent. Do you see that?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	I didn't run the report. BY MR. GASTEL: Q. But you received it, right? A. Well, to the point you made earlier, just because it says I don't know this was a long trail of forwarded. It doesn't necessarily mean he forwarded me the attachment. I don't recall receiving it, is what I'm trying to say. Q. Well, let's go back to the e-mail chain there. Because it finishes off with an e-mail from you to Joseph Smith that says, Sorry I missed you on Friday. As of now, I would use these assumptions. A. Yes. Q. Right? That's what it says? A. That has nothing to do with the attachment. That's these assumptions at the bottom here, the channel Q. So	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to determine whether or not the assumptions were correct? A. I don't recall ever receiving this document. These colleagues are the experts in our company that provide forecasting information. I would have no reason to challenge their summary, which, to me, is what I'm looking at here, which is Medicaid, cash, commercial, Part D. Q. Well, let's go to the last page, then. A. Okay. Q. Okay. And you see that the last page of this document has some numbers on it. Let's do the second-to-last page, okay? Do you see that it has the very bottom page says, Medicaid, 4,339,185, 4.62 percent. Do you see that? MS. HILLYER: No.
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Page 358 1 A. I see that, yes. 1 page, you see, in what is essentially 2 product column it's HYCD/APAP	
	Page 360
1 2 man description is a live of the a most	the
Q. So go back to the c-man product column, it's 111 CD/A1 A1.	
3 that you received 3 All the way down.	
⁴ A. Yes. ⁴ A. I see.	
5 Q on April 18th, 2016.	at
6 And it says, Medicaid, the 6 he's looking at.	
⁷ exact same numbers and exact same ⁷ THE WITNESS: No, I know	W
8 percentage. 8 what he's looking at. I'm looking	g
9 Do you see that? 9 at the previous to see yes.	
10 A. I do. 10 Okay.	
Q. Let's flip to the last page, 11 BY MR. GASTEL:	
$\begin{vmatrix} 12 \end{vmatrix}$ the one labeled cash, 6,658,519, 6.99 $\begin{vmatrix} 12 \end{vmatrix}$ Q. And is it your understanding	g
¹³ percent. ¹³ that that's a reference to hydrocodon	e
Do you see that? 14 with acetaminophen?	
15 A. I do. 15 A. Yes.	
Q. Let's go back to your e-mail Q. And so according to this IN	1S
that you received on April 18th, 2016.	
Exact same numbers for cash, 18 on April 8th, 2016, there were	
19 right? 19 approximately, if I'm doing my math	
20 A. Yes. 20 right, 95 million prescriptions for the	
Q. Commercial, last page, 21 Q. Commercial, last page, 21 hydrocodone products?	
22 57,485,347, 60.36 percent. 12 MS. HILLYER: Objection.	
23 Do you see that? 23 Calls for speculation. Lack of	
24 A. I do. 24 foundation. She's testified she	
A. 1 do.	
Page 359	Page 361
Q. And I read that correctly?	
² A. I believe you did. ² this, reviewing it, and had	
Q. And then it's the exact same nothing to do with it.	
⁴ number in the e-mail of April 18th, 2016, MR. GASTEL: She receive	d
⁵ right? the e-mail that has this data in	
6 A. Right. 6 it. And she told	
⁷ Q. And then Part D, again, on ⁷ MS. HILLYER: She doesn'	t
8 the last page, 26,699,350. 8 recall that. And she said	
9 Did I read that correctly? 9 MR. GASTEL: And she tol	d
10 A. You did. 10 her colleague	
Q. 28.03 percent. 11 MS. HILLYER: Hold on. I	_et
Did I read that correctly? 12 me state my objection.	
13 A. You did. 13 MR. GASTEL: that she -	_
Q. And then if you flip back to 14 that he can go ahead and use the	
that he e-mail on April 18th, 2016, it's the assumptions.	
the c-man on April 18th, 2010, it's the assumptions. 16 exact same numbers there in that e-mail, 16 MS. HILLYER: For the	
right? right? record, she testified that she	
18 A. Yes. 18 doesn't recall receiving this.	
Q. To which you responded, You 19 Q. To which you responded, You 19 This document doesn't reflect th	at
Q. To which you responded, You	at
16U con uso those assumptions most!	
20 can use those assumptions, right? 21 she received this. She testified that the assumptions were in	
21 A. Yes. 21 that the assumptions were in	.at
21 A. Yes. 22 Q. And then if you take a look 23 Particular of the dissumptions were in reference to the substance of whom the substa	
21 A. Yes. 21 that the assumptions were in	

	Page 362		Page 36
1	You can ask your question	1	totals that were provided on the
2	and she can answer it. But my	2	e-mail for the channels of
3	objections are on the record.	3	Medicaid, cash, commercial and
4	THE WITNESS: Rephrase,	4	Part D, and I'm adding them
5	sorry.	5	together.
6	BY MR. GASTEL:	6	Unless I did it incorrectly,
7	Q. So if I'm doing my math	7	it comes to what I show, unless
8	right, that's 95 million prescriptions,	8	I made a mistake, it's 95,242,401.
9	right?	9	MS. HILLYER: Just leave it,
10	MS. HILLYER: Same	10	in case there's more math.
11	objections.	11	BY MR. GASTEL:
12	THE WITNESS: Well, I'm not	12	Q. And that was derived,
13	adding it up, so I'll if you	13	according to this e-mail, from the IMS
14	want to add all this together and	14	data that Joe sent to you on April 18th,
15	it comes to that, I'll believe	15	2016?
16	you.	16	MS. HILLYER: Objection to
17	BY MR. GASTEL:	17	form. You're asking her whether
18	Q. Well, let's just do simple	18	the number she just put into the
19	math.	19	calculator was derived from the
20	What's 56 plus 26?	20	IMS data in this e-mail?
21	A. Okay. I got you.	21	MR. GASTEL: Yes.
22	MS. HILLYER: You're asking	22	MS. HILLYER: Objection to
23	her to do the math?	23	form. Same objections. Lack of
24	THE WITNESS: You're asking	24	foundation. Calls for
1	Page 363	1	Page 36.
2	me to do the math?	2	speculation. She testified that
3	MS. HILLYER: Give her a	3	she doesn't know that she received the attachment.
4	calculator. I mean, come on,	4	
5	she's here as a fact witness.	5	Go ahead.
6	This is I mean, at some	6	THE WITNESS: I don't
7	point	7	BY MR. GASTEL:
	MR. GASTEL: You're the one		Q. The e-mail itself references
8	who is making this hard. Don't	8	the IMS data, right?
9	get mad at me.	9	A. So
10	MS. HILLYER: If you want	10	Q. And you have no reason to
11	her to do the math, give her	11	doubt that Joe is that Joe, when he
12	MS. GASTEL: You're the one	12	forwarded this e-mail on April 18th,
13	who's making this hard.	13	2016, was lying to you that the source of
14	MS. HILLYER: put the	14	this material was IMS data, right?
15	math up there.	15	A. No.
16	No, I'm not. She has	16	MS. HILLYER: Objection to
17	nothing to do with this document.	17	form.
	And somebody asked for a	18	THE WITNESS: I don't have
	break. So after this answer,	19	any reason to suggest he lied.
19		20	His role is very different than
19	we'll take a break.		
19 20	we'll take a break. And just for the record, Ms.	21	mine.
19 20 21		21 22	mine. BY MR. GASTEL:
18 19 20 21 22 23	And just for the record, Ms.		

	ignly confidential - Subject t		<u> </u>
	Page 366		Page 368
	I don't go back and do what you asked me		BY MR. GASTEL:
	to do, which is add it up.	2	Q. Going back to the Time
3	Q. Sure.		Magazine article, flipping to the
4	A. I don't.	4	document Bates labeled 62, which I
5	Q. And then you respond that,	5	believe is the time
6	As of now, I would use those assumptions,	6	MS. HILLYER: Which exhibit
7	right?	7	number?
8	A. Yes.	8	BY MR. GASTEL:
9	Let me be clear. For the	9	Q the third page.
10	what were the assumptions by channel,	10	MS. HILLYER: What exhibit?
11	we're talking percentages.	11	MR. GASTEL: 22. The Time
12	Q. Sure. But the percentages	12	Magazine article.
13	are based on these prescription numbers,	13	THE WITNESS: What page? I
14	right?	14	
15	A. Yes.	15	BY MR. GASTEL:
16	Q. And that's 95 million	16	Q. 162.
17	prescriptions, right?	17	
18	MS. HILLYER: Objection to	18	Q. About a little over halfway
19	form.	19	•
20	THE WITNESS: Based on the	20	you see that paragraph beginning?
21	calculator that you provided me	21	A. Yes.
22	and my adding it up, that's what	22	
23	the number came to.	23	opioid prescriptions written for pain
24	BY MR. GASTEL:		treatment had tripled to 219 million.
	DI WIK. ONGILL.		treatment had tripled to 217 minion.
		_	
	Page 367		Page 369
1	Q. Does that sound like a lot	1	Did I read that correctly?
2	Q. Does that sound like a lot of prescriptions to you, 95 million?	2	Did I read that correctly? A. Yes, you did.
3	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to	2	Did I read that correctly? A. Yes, you did. Q. And we just looked at some
3 4	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form.	3 4	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there
2 3 4 5	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form. THE WITNESS: Compared to	2 3 4 5	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there were 95 million prescriptions for
2 3 4 5 6	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form. THE WITNESS: Compared to what?	2 3 4 5 6	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there were 95 million prescriptions for hydrocodone.
2 3 4 5	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form. THE WITNESS: Compared to what? BY MR. GASTEL:	2 3 4 5	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there were 95 million prescriptions for
2 3 4 5 6	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form. THE WITNESS: Compared to what? BY MR. GASTEL: Q. Compared to anything.	2 3 4 5 6 7 8	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there were 95 million prescriptions for hydrocodone.
2 3 4 5 6 7 8	Q. Does that sound like a lot of prescriptions to you, 95 million? MS. HILLYER: Objection to form. THE WITNESS: Compared to what? BY MR. GASTEL:	2 3 4 5 6 7 8	Did I read that correctly? A. Yes, you did. Q. And we just looked at some IMS Health data that suggested that there were 95 million prescriptions for hydrocodone. Does the number 219 million cause you any concern? MS. HILLYER: Objection to
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	ignly confidential - Subject to	_	
1	Page 370	1	Page 37
1	information that was in the public	1	A. Pennsylvania.
2	domain that our customers would	2	Q. What is your actual address?
3	see. And, therefore, the purpose	3	A. 27 Post Run, Newtown Square,
4	of forwarding it on was looking at	4	Tomisyrvama.
5	the landscape, we're preparing to	5	Q. And who lives there with
6	launch an abuse-deterrent	6	you?
7	formulation.	7	A. No one.
8	BY MR. GASTEL:	8	MS. HILLYER: Objection to
9	Q. And you're preparing to	9	form.
10	launch an abuse-deterrent formulation	10	BY MR. GASTEL:
11	because there was widespread abase and	11	Q. Do you have any plans to
12	addiction of opioids, right?	12	move any time soon.
13	MS. HILLYER: Objection to	13	A. I don't really have an
14	form. And asked and answered.	14	opinion, at this point, of whether I'm
15	MR. GASTEL: Let me	15	going to move or not.
16	rephrase.	16	Q. Do you own that residence?
17	THE WITNESS: Yeah, okay.	17	MS. HILLYER: Objection.
	BY MR. GASTEL:	18	THE WITNESS: Yes.
19	Q. You were planning on	19	MR. GASTEL: All right.
	launching an abuse-deterrent formulation	20	Subject to my previous objection,
	in order in response to what you	21	Ms. Bearer, thank you for your
	described as the public health crisis of	22	time. I have no more questions
23	abuse and addiction, right?	23	today.
24	MS. HILLYER: Objection to	24	THE WITNESS: Okay.
	Page 371		Page 37
1	form. And mischaracterizes the	1	MS. HILLYER: Just to
2	document and the testimony.	2	respond to your previous
3	You can answer.	3	objection, Teva is not in
4	THE WITNESS: This was an	4	violation of any protocol or
5	article on the public health	5	guidance concerning the state and
6	crisis, which we monitored	6	federal protocol.
7	everything that was you know,	7	We produced everything in a
8	we tried to keep current with what	8	timely manner and answered all of
9	was in the public domain.	9	the questions that you had.
10	BY MR. GASTEL:	10	I do have a few brief
11	Q. But the term "public health	11	redirect questions for Ms. Bearer.
12	crisis of abuse and addiction" is your	12	
13	term; it's in your cover e-mail?	13	EXAMINATION
14	A. That's correct.	14	
15	Q. That was the language that	15	BY MS. HILLYER:
		16	Q. Ms. Bearer, do you recall,
16	you chose to use, right?	1	- · · · · · · · · · · · · · · · · · · ·
	A. That's correct.	17	when was the launch of Fentora?
16 17 18	· •	17 18	A. 2007.
17 18	A. That's correct.		
17 18 19	A. That's correct. MR. GASTEL: Subject to my previous objection oh, let me	18	A. 2007.Q. Would you or anyone at Teva
17 18 19 20	A. That's correct. MR. GASTEL: Subject to my previous objection oh, let me ask I'm sorry, let me ask one	18 19	A. 2007. Q. Would you or anyone at Teva have or Cephalon, excuse me, have
17 18 19 20	A. That's correct. MR. GASTEL: Subject to my previous objection oh, let me ask I'm sorry, let me ask one last question.	18 19 20	A. 2007. Q. Would you or anyone at Teva have or Cephalon, excuse me, have marketed Actiq after the launch of
18 19 20 21	A. That's correct. MR. GASTEL: Subject to my previous objection oh, let me ask I'm sorry, let me ask one last question.	18 19 20 21	A. 2007. Q. Would you or anyone at Teva have or Cephalon, excuse me, have marketed Actiq after the launch of

	Page 374		Page 376
1		1	INSTRUCTIONS TO WITNESS
2	-	2	INSTRUCTIONS TO WITHESS
	A. No.		D1 1 1 12
3	Q. Did you ever market or	3	Please read your deposition
4	promote Fentora for off-label uses?		ever curerally und made unly modessury
5	A. No.	5	corrections. You should state the reason
6	MS. HILLYER: I have no	6	in the appropriate space on the errata
7	further questions.	7	sheet for any corrections that are made.
8	Off the record.	8	After doing so, please sign
9	VIDEO TECHNICIAN: This ends	9	the errata sheet and date it.
10	today's deposition. Going off the	10	You are signing same subject
11	• •	11	
12	record at 4:40 p.m.	12	<u> </u>
			errata sheet, which will be attached to
13	(Whereupon, the deposition	13	your deposition.
14	concluded at 4:40 p.m.)	14	It is imperative that you
15		15	return the original errata sheet to the
16		16	deposing attorney within thirty (30) days
17		17	of receipt of the deposition transcript
18		18	by you. If you fail to do so, the
19		1	deposition transcript may be deemed to be
20		20	accurate and may be used in court.
21		21	accurate and may be used in court.
22		22	
23		23	
24		24	
	Page 375		Page 377
1	Page 375	1	Page 377
1 2	Page 375 CERTIFICATE	1	
2			Page 377 ERRATA
2	CERTIFICATE	2	ERRATA
2 3 4	CERTIFICATE I HEREBY CERTIFY that the	2 3	
2 3 4 5	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the	2	ERRATA
2 3 4 5 6	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the	2 3 4 5	ERRATA
2 3 4 5 6	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the	2 3 4 5 6	ERRATA
2 3 4 5 6 7 8	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the	2 3 4 5	ERRATA
2 3 4 5 6 7 8 9	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the	2 3 4 5 6	ERRATA
2 3 4 5 6 7 8	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness.	2 3 4 5 6 7	ERRATA
2 3 4 5 6 7 8 9	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness. Amanda Maslynsky-Miller	2 3 4 5 6 7 8	ERRATA
2 3 4 5 6 7 8 9	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness. Amanda Maslynsky-Miller Certified Realtime Reporter	2 3 4 5 6 7 8	ERRATA
2 3 4 5 6 7 8 9 10	CERTIFICATE I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness. Amanda Maslynsky-Miller	2 3 4 5 6 7 8 9	ERRATA
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hereby certify that I have reaforegoing pages, 1 - 374, an same is a correct transcription	d the	
foregoing pages, 1 - 374, an	d that the	
same is a correct transcription	n of the	
answers given by me to the	questions	
therein propounded, except f	for the	
answers given by me to the of therein propounded, except for corrections or changes in for substance, if any, noted in the Errata Sheet.	m or	
Substance, if any, noted in th	e attached	
Effata Sheet.		
DEBORAH BEARER	DATE	
C-1:111		
Subscribed and sworn to before me this		
day of	20	
My commission expires:		
Notomy Dublic		
Notary Public		
		T. Control of the con
	Page 379	
LAWYER'S NOTE	_	
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